

P110000 90758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

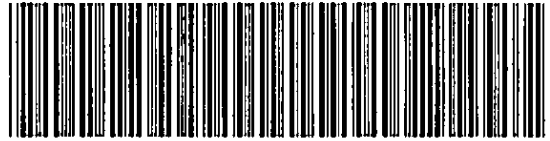
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S TALLENT

MAR 04 2020

2020 MAR -3 PM 12:23

Handwritten:
Muel
N/C



1560 Wells Road, Suite #2 • Orange Park, FL 32073

P.O. Box 1456 • Orange Park, FL 32067-1456

Office: (904) 278-2822 • Fax: (904) 278-2622

February 28, 2020

To Whom it May Concern:

This is a resubmittal for amending the Articles of Incorporation of Poimboeuf Custom Homes, Inc. I inadvertently submitted the original amendment on the incorrect form which was returned to me. I am now submitting the correct application for amendment form. I have paid \$43.75 which was received with the first application.

Thank you,

A handwritten signature in cursive script, appearing to read "Corinne Poimboeuf".

Corinne Poimboeuf

A second handwritten signature in cursive script, appearing to read "Corinne Poimboeuf".



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2020

CORRINE POIMBOEUF
POIMBOEUF HOMES, INC.
1560 WELLS RD SUITE 2
ORANGE PARK, FL 32073

SUBJECT: POIMBOEUF CUSTOM HOMES, INC.
Ref. Number: P11000090758

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT YOU HAVE SUBMITTED IS SPECIFICALLY USED FOR FLORIDA PROFIT BENEFIT CORPORATIONS OR FLORIDA PROFIT SOCIAL PURPOSE CORPORATIONS ONLY.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00003917

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Poimboeuf Custom Homes, Inc.
DOCUMENT NUMBER: P11000090758

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Corinne Poimboeuf
Name of Contact Person
Poimboeuf Homes, Inc.
Firm/ Company
1560 Wells Rd. Suite 2
Address
Orange Park FL 32073
City/ State and Zip Code
poimboeuf@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corinne Poimboeuf at (904) 278-2822
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status
<u>Sent earlier</u>
<u>+ receive.</u>
<u>see letter</u> | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Poimboeuf Custom Homes, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 11000090758

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Poimboeuf Construction, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1560 Wells Rd. Suite 2
Orange Park, FL 32073

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 1456
Orange Park, FL 32067

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Barry Paimboeuf</u>	<u>598 Thornwood Ln.</u> <u>Orange Park, FL</u> <u>32073</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>ST</u>	<u>Corinne Paimboeuf</u>	<u>598 Thornwood Ln.</u> <u>Orange Park, FL</u> <u>32073</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>O</u>	<u>Allison Paimboeuf</u>	<u>598 Thornwood Ln</u> <u>Orange Park, FL</u> <u>32073</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>O</u>	<u>Ryan Paimboeuf</u>	<u>598 Thornwood Ln</u> <u>Orange Park, FL</u> <u>32073</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 2/28/2020

Signature Barry Pimboeuf
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barry Pimboeuf
(Typed or printed name of person signing)

President
(Title of person signing)