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Amend

UUN 20 2014 T. CARTER

## **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION: Contracto	r Plus, Inc.	
DOCUMENT NUMBER: 27-1162521		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Michael Velluco	oi .	
	Name of Contact Person	n
Contractor Plus	<u> </u>	
	Firm/ Company	
18967 Pine Ru		
Et Myoro El 20	Address	
Ft. Myers, Fl 33		<del></del>
	City/ State and Zip Cod	е
Contractorplus@m		
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Michael Vellucci	at (239	776-0866 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Contractor Plus Inc.	14 JUN -5 Fit 3: 07
(Name of Corporation as currently filed with the Flo	orida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:(City)	, Florida
(City)	(Ση Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was	ith and accept the obligations of the position.
Signature of New Registered Aş	gent, if changing

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	Giuseppe Michele Vellucci	18967 Pine Run Lane
Add			Ft Myers, Fl 33967
Remove			
2) Change	S	Joseph M. Vellucci	18967 Pine Run Ln
Add			Ft Myers, Fl 33967
Remove			
3) Change		_	<del> </del>
Add			
Remove			
4) Change	···········		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional charte if access	Articles, enter change(s) here:	
Attach additional sheets, if necessary	i). (Be specific)	
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If an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(у пот аррисате, таксае гож)	,	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
J	06/01/2014	
thective date in applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 06/01	/2014	
Signature	Michael William	
	a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	Michael Vellucci	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>