

P/2000064443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

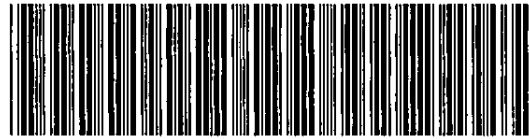
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 25 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend NC

OCT 25 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Michael DeHay Inc.

DOCUMENT NUMBER: P12000064443

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

Please return all correspondence concerning this matter to the following:

Cherie DeHay

Name of Contact Person

Firm/ Company

3715 Acorn Street

Address

North Port, FL 34286

City/ State and Zip Code

Lmitton@century21almar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie DeHay

Name of Contact Person

at (941) 809-6828

Area Code & Daytime Telephone Number

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

☒ \$35 Filing Fee

☐ \$43.75 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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2012

CHERIE DEHAY
3715 ACORN STREET
NORTH PORT, FL 34286

SUBJECT: MICHAEL DEHAY, INC.
Ref. Number: P12000064443

We have received your document for MICHAEL DEHAY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L12000057497 - PATRIOT ENTERPRISES, LLC.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 012A00024934

RECEIVED
12 OCT 25 AM 11:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

OCT 25 PM 1:02

Michael DeHay, Inc.

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

P12000064443

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

~~Patriot Enterprises Inc.~~ DeHay 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)

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

Name of New Registered Agent

Cherie DeHay

3715 Acorn Street

(Florida street address)

New Registered Office Address:

North Port

(City)

Florida 34286

(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.

Cherie DeHay

Signature of New Registered Agent, 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> <u>Change</u>	<u>PD</u>	<u>Michael DeHay</u>	<u>3715 Acorn Street</u>
<input type="checkbox"/> <u>Add</u>			<u>North Port, FL 34286</u>
<input checked="" type="checkbox"/> <u>Remove</u>			
2) <input checked="" type="checkbox"/> <u>Change</u>	<u>PD</u>	<u>Cherie DeHay</u>	<u>3715 Acorn Street</u>
<input type="checkbox"/> <u>Add</u>			<u>North Port, FL 34286</u>
<input type="checkbox"/> <u>Remove</u>			
3) <input type="checkbox"/> <u>Change</u>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> <u>Add</u>			<u> </u>
<input type="checkbox"/> <u>Remove</u>			<u> </u>
4) <input type="checkbox"/> <u>Change</u>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> <u>Add</u>			<u> </u>
<input type="checkbox"/> <u>Remove</u>			<u> </u>
5) <input type="checkbox"/> <u>Change</u>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> <u>Add</u>			<u> </u>
<input type="checkbox"/> <u>Remove</u>			<u> </u>
6) <input type="checkbox"/> <u>Change</u>	<u> </u>	<u> </u>	<u> </u>
<input type="checkbox"/> <u>Add</u>			<u> </u>
<input type="checkbox"/> <u>Remove</u>			<u> </u>

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: October 1, 2012

Effective date if applicable: October 1, 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 1, 2012

Signature Cherie DeHay
(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)

Cherie DeHay

(Typed or printed name of person signing)

President

(Title of person signing)