P1200065658

(Requestor's Name)
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(Business Entity Name)
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C. GOLDEN NOV - 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: F+F CONTractors INC. OF Jacks ONVIlle
DOCUMENT NUMBER: 12000065658
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
James (abett Name of Contact Person
33 Rudolph Lane
Monticello, FL 3244
F_FONTractors ayahoo.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Imes Corbett 1904, 536-9697
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:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee & □ \$5
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incorporation
Eat-Contiac	fors Inc or Jacksonville
(Name of Corporation as CIII	rrently filed with the Florida Dept. of State)
P1200	00(5)658
(Document Nun	iber of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	Thenew
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association." or the abbrevia	oration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ntion "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac	
Name of New Registered Agent	
(Flo.	rida street address)
New Registered Office Address:	. Florida
New Negastrea Office marea.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
	THE COLUMN

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)

__ Remove

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.

	emove, and sany sm	un, 5, ta un zitu.		
Example: X Change	PT John	n Doe		
X Remove	<u>V</u> <u>Mik</u>	te Jones		
X Add	<u>SV</u> <u>Sall</u>	v Smith		
Type of Action (Check One) 1) Change Add Remove	Title Treasures/Vi	Brielle E Corbett	33 Rudolph In Monticella FL, 32344	G -
2) Change Add Remove 3) Change				
Add				
4) Change Add Remove				
5) Change Add Remove				
6) Change				

If amending or adding additional Artic (Attach additional sheets, if necessary).	eles, enter change(s) here: (Be specific)	
		<u> </u>
<u> </u>		
		
If an amendment provides for an exch	ange, reclassification, or cancellation of is	sued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendmen	i usen:
		1 11+
		·. · · · · · · · · · · · · · · · · · ·
		
		·

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 wildocument's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 (5 1 5)	
Signature // C	
(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)	- .
James Corbett	
(Typed or printed name of person signing)	
President	

(Title of person signing)