



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2019

JON LINDEMAN
DCT CONSTRUCTION
5653 LIMA DR.
HOLIDAY, FL 34690

SUBJECT: D. C. T. CONSTRUCTION, INC.
Ref. Number: P13000090573

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

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: 719A00018724



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2019

JON LINDEMAN
D.C.T. CONSTRUCTION, INC.
5653 LIMA DR.
HOLIDAY, FL 34690

SUBJECT: D. C. T. CONSTRUCTION, INC.
Ref. Number: P13000090573

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

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

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Susan Tallent
Regulatory Specialist II

Letter Number: 319A00017319

2019 SEP 10 AM 10:16

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DCT Construction

DOCUMENT NUMBER: P13000090573

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

Please return all correspondence concerning this matter to the following:

John Lindeman
Name of Contact Person

Firm/ Company

5653 Lima Dr
Address

Holiday, FL 34690
City/ State and Zip Code

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

For further information concerning this matter, please call:

Jon Lindeman at (727) 389-1926
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 & 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)

2019 OCT -3 F112

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

Articles of Amendment
to
Articles of Incorporation
of

D.C.T. Construction, Inc.

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

P 13000090573

(Document Number of Corporation (if known))

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

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

_____ The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "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)

D.C.T. Construction, Inc.
5653 Lima Dr.
Holiday, FL 34699

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

5653 Lima Dr.
Holiday, FL 34699

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:

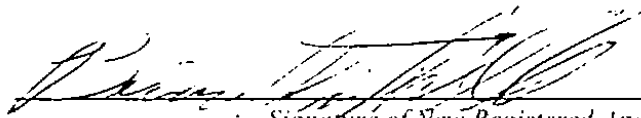
Name of New Registered Agent Brian Mitchell

5744 Ivy Lane
(Florida street address)

New Registered Office Address: Holiday, Florida 34699
(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

2019 OCT -3 PM 4: 04
STATE

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and the 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 Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, P 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Terri Hall</u>	<u>5653 Lima Dr Holiday, Fl.</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Brian Miskell</u>	<u>5744 Ivy Ln Holiday, Fl.</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: August 7, 2019, it
date this document was signed.

Effective date if applicable: August 7, 2019
(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
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 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 8/7/19

Signature Jan Lindeman
(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)

Jan Lindeman
(Typed or printed name of person signing)

President
(Title of person signing)