## P14000000112

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: NEEL DRYWALL, INC. DOCUMENT NUMBER: P14000000212 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JACKIE FARRIS Name of Contact Person **BSI CONTRACTOR SERVICES** Firm/ Company 36 ARLINGTON RD S Address JACKSONVILLE, FL 32216 City/ State and Zip Code JACKIE@BSICONTRACTORSERVICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904 ) 683-5494 JACKIE FARRIS Area Code & Daytime Telephone Number Name of Contact Person 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 Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section

> Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## **Articles of Amendment** Articles of Incorporation



NEEL DOVIMALL INC	
NEEL DRYWALL, INC.  (Name of Corporation as currently filed with the F	Clarida Dant of State)
P1400000212	·lorida Dept. of State)
(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following an
A. If amending name, enter the new name of the corporation:	
	The
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must cont
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 MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.

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, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. 1 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 C 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)	<u>Title</u>	<u>Name</u>	Address				
1) Change	DS	RANDALL G. MITCHELL	110 FINNIGAN RD				
Add			SATSUMA, FL 32189				
Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change							
Add							
Remove							
6) Change							
Add							
Remove							

	nal sheets, if necessary)	). (Be specific)			
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	ent provides for an ex	change, reclassif	fication, or cand	ellation of issued	shares, lf:
provisions fo	r implementing the an	<u>nendment if not c</u>	contained in the		
provisions fo	or implementing the an opticable, indicate N/A)	nendment if not	contained in the		
provisions fo	r implementing the an	nendment if not	contained in the	·····	
provisions fo	r implementing the an	nendment if not	comanica ni tik		
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provisions fo	r implementing the an	nendment if not	Comanica in the		

The date of each amendment(s) adoption: September 22, 2014	if other
date this document was signed.	
Effective date if applicable:	
(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 September 22, 2014	
Signature Allac	
(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)	
Holly J. Neel	
(Typed or printed name of person signing)	
President	
(Title of person signing)	