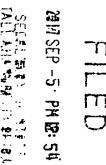
## P15000058362

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	<u> </u>
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I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Florico	Bay Contractors Inc
document number: PISOCOOS	8362
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
_ Prosme	l Pua
- Florida ?	Name of Contact Person  Bay Contractors Tro
2883 507h	Address
Naples, fl	City/ State and Zip Code
F (5 Contractive E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
PUCSMUL Pruce Name of Contact Person	at (1391) 580-9634 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
\$35 Filing Fee Securificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

## Articles of Amendment

to

Articles of Incorporation

	•	

Horida bau (18	ntroctors	Inc	( ) ( )	C.
(Name of Corpor	ation as currently fi	ed with the Florida Dep	t. of State)	
PIXXXX	567			
(Düc	ument Number of Co	rporation (if known)		2
Pursuant to the provisions of section 607.1006. Flor its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the following	ng amendinent(e
A. If amending name, enter the new name of the	corporation:			7,5
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	rp " "Inc," or "Co"	. A professional corpor		
B. Enter new principal office address, if application	ble:	3945 Tollho	use Dr	STE 9U8
(Principal office address <u>MUST BE A STREET A</u>	DDRESS )	Noples, Rly		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30X</u> )		cuse Dr	
D. If amending the registered agent and/or registered agent and/or the new registered			me of the	
Name of New Registered Agent				
	· · · · · · · · · · · · · · · · · · ·			-
-	(Florida street o	(ddress)		_
		,		
New Registered Office Address:	(Cit,		Florida <i>(Zip</i>	Code)
	legistered Agent:			
I hereby accept the appointment as registered agent		and accept the obligation	is of the position.	
1				
Si	gnature of New Regis	tered Agent, if changing		_

Executive Officer; CFO = held. President, Treasurer Changes should be noted	President.  Chief Fr. Directo in the fol- wes the co	T= Treasure) inancial Office r would be PT lowing mannel orporation, Sal	S= Secretary; I er. If an officer/o D. Currently John ly Smith is named	O= Director: TR= Tr lirector holds more to Doe is listed as the I	custee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
			1		
X Remove	V	Mike Jones	'!		
X Add	<u>SV</u>	Sally Smith	İ		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	ė !		<u>Addres</u> s
1) Change	YP	B	ubara	Garcia	3945 Talhase Dr
Add					STE 908
Remove					Naples, R. 34114
2) Change		_		<u></u>	
Add			1		
Remove					
3 ) Change			:		
Add			,		
Remove					
4) Change		- -	1		
Add					
Remove					
5) Change		<del>-</del>	!		
Add			1		
Remove					
6) Change		- <del></del>	· · · · · · · · · · · · · · · · · · ·		
Add					

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

The date of each amondment(a) adoption	, if other than the
The date of each amendment(s) adoption:	, if other than the
Effective data if applicables (S)	31/17
Effective date <u>if applicable</u> :	(n) more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the f State's records.
Adoption of Amendment(s) ( <u>C</u>	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	the shareholders through voting groups. The following statement is group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	
by	ting group)
(ve	Sting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	 incorporators without shareholder action and shareholder     -
Dated 8/31 / 17 Signature & 33	
Signature & Ba	
(By a director, pre	sident or other officer – if directors or officers have not been
selected, by an inc appointed fiducial	orporator – if in the hands of a receiver, trustee, or other court y, by that fiduciary)
	esmel Rug
	(Typed or printed name of person signing)
(Y	mer President. (Title of person signing)
<del></del>	(Title of person signing)
	Ţi