P15000086854

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2016

DERRICK WISE WISE ACCOUNTING & TAX SERVICES 241 S. MAIN STREET WILLISTON, FL 32696

SUBJECT: G.O.D. METAL BUILDING SERVICES INC.

Ref. Number: P15000086854

We have received your document for G.O.D. METAL BUILDING SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 416A00016779



<u>COVER LETTER</u>

Division of Corporations
NAME OF CORPORATION: 6. O. D. Metal Building Services From DOCUMENT NUMBER: P15000086854
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Derrick Wise Name of Contact Person Wise Accounting & Tax Services
Name of Contact Person
Wise Accounting : lax Services "
Tillin Company
241 S. Main Street
Address
Williston FL 32696 City/ State and Zip Code
City/ State and Zip Code
E-mail address: (to be used for future appual report notification)
E-mail address: (to be used for future applial report notification)
For further information concerning this matter, please call:
10 Internation concerning this matter, presse can:
Marse a la Sneg d at (352)
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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

G. O. O. Metal Bui	lding Services Inc.
^	filed with the Florida Dept. of State)
P1500008685	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	2
	· · · · · · · · · · · · · · · · · · ·
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 address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Marscel	la Cosad 3 5
Name of New Registered Agent 7 1913C1	115 200th Tun
(Florida stree	74 (/ 21/ 21
blillichen	21/0/2
New Registered Office Address: VIII3 TUV	City) , Florida SOG 70
	(-ip)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
mauscella Speao	<u> </u>
Signature of New Res	gistered 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: X Change	PT Johr	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	VP_	Vernice Dyncan	118 SE 9th Terrace
Add			118 SE 9th Terrace Williston, FL 32696
Remove		A .	
2) Change	PIS	Marscella Snead	PO Box 112 Williston, FL 32696
Add Remove			Williston, FC Ja696
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Ađd			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art. Attach additional sheets, if necessary).	(Be specific).
<u></u>	
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	July	25,	2016	, if other than the
Effective date if applicable:	uly "	25,	2016	
	(no more than 90) days after a	ımendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		able statutor	y filing requirement	s, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	nareholders. The proval.	number of v	otes cast for the ame	ndment(s)
the amendment(s) was/were approved by the s must be separately provided for each voting g				
"The number of votes cast for the amend	ment(s) was/were	e sufficient fo	or approval	
by	 g group)			
(votin	g group)			
☐ The amendment(s) was/were adopted by the boaction was not required.	oard of directors	without share	cholder action and sl	nareholder
☐ The amendment(s) was/were adopted by the in action was not required.	corporators with	out sharehold	ler action and shareh	older
Dated 7 / 25 /	16			
	Duna			
Signature (By a director, presid	ent or other office	er – if directe	ors or officers have r	not been
selected, by an incorp				
appointed fiduciary b				
	Veri	nice	Duncar)
(T	yped or printed n	name of perso	on signing)	
		Presid	ent	
	(Title o	of person sign	ning)	