PILODOO	9190
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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^{JAN ()} 7 2020 C Kinsey

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _____

DOCUMENT NUMBER: P16000009190

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

Please return all correspondence concerning this matter to the following:

JOHN MURPHY

	Name of Contact Person	
ACCURATE TAX A	ND ACCOUNTING	

11799 SE US HWY 441

Address

BELLEVIEW FL 34420

City/ State and Zip Code

Firm/ Company

BELLEVIEWTAX@YAHOO.COM

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

For further information concerning this matter, please call:

_ at { 352) 3070015 Area Code & Daytime Telephone Number JOHN MURPHY 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 & S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing AddressStreet AddressAmendment SectionAmendmeDivision of CorporationsDivisionP.O. Box 6327Cliffon BTallahassee, FL 323142661 ExeTallahasseTallahass

is enclosed) <u>Street Address</u> Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

	to					
	Articles of Incorporation of					
BUCCANEER CONSTRUCTION INC	04					
(Name of Cor	poration as currently filed with the	Florida Dept. of State)				
216000009190						
(Document Number of Corporation (if	'known)				
Pursuant to the provisions of section 607,1006, Is Articles of Incorporation:	Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the follow	wing amendment(s) to			
A. If amending name, enter the new name of	[the_corporation:					
			The new			
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," 3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>	or the abbreviation "P.A."					
 Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFI</u>) 						
 If amending the registered agent and/or r new registered agent and/or the new regi 		enter the name of the			2 AON 6102	····· · · · · · · · · · · · · · · · ·
·	<u>stered onice address.</u>			;	27	• ,
<u>Name of New Registered Agent</u>	<u>, , , , , , , , , , , , , , , , , , , </u>				2	- 1
	(Florida street address)			· ·	AH 10: 3	•
					6.5	

<u>New Registered Agent's Signature, if changing Registered Agent:</u> Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 4

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 = Trustec; 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: <u>X</u> Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	Ð	PETER HUGHES	1215 SE SANCHEZ AVE
Add			OCALA FL 34471
X Remove			
2) Change	D	CHARLES HENRY WILDY IV	3135 SE 50TH PL
X Add			OCALA FL 34480
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			_ <u></u>
Remove			
6) Change	<u> </u>		
Add			
Remove			

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	ng additional Articles, enter change(s) here: sets, if necessary). (Be specific)
<u>f an amendment pr</u>	ovides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for impl</u>	lementing the amendment if not contained in the amendment itself:
(if not applicabl	le, indicate N/A)

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The date of each amendment(s) adoption:	NOVEMBER 5TH 2019	, 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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

bу ___

- □ 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

(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.

NOVEMBER 5TH 2019 Dated_____

Signature _

(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)

ROBERT MEYER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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