## P16000041116

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: TOM FOX CARP	ENTRY OF FLORIDA IN	C
DOCUMENT NUMI	BER: P16000041116		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	TOM FOX		
		Name of Contact Person	1
	TOM FOX CARPENTRY OF FLORIDA INC		
		Firm/ Company	<del> </del>
	2014 WINWARD PASS		
		Address	
	LAKELAND FL 33801		
		City/ State and Zip Cod	e
MIC	HELE.NELSON@MNELSON	NCPA.COM	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas NELSON CPA		
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

## **Articles of Incorporation**

of

TOM FOX CARPENTRY OF FLORIDA	A INC		
( <u>Name</u> )	of Corporation as currently	filed with the Florida Dep	t, of State)
P16000041116			
	(Document Number of O	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this F	lorida Profit Corporation ad	dopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "C ition," or the abbreviation "P	o". A professional corpor	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applications of the control of th			17 1837 30 17 1837 30
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the nac	
Name of New Registered Agent	MICHELE BOURCY NELS	SON	52 1010
	5300 S FLORIDA AVE ST	E 3	
	(Florida stree	ı address)	
New Registered Office Address;	LAKELAND		, Florida 33813
	10	Tity)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

MUM Signature of Yow Registered 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 Joh	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	ANDREW BLOOD	1910 SATURN ST
X Add			LAKELAND FL 33801
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

<ol> <li>If amending or adding additional Arti (Attach additional sheets, if necessary).</li> </ol>	
(, , , , , , , , , , , , , , , ,	(in important)
	<del></del>
	<del></del>
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	EHOLDER ANDREW BLOOD HAS BEEN ELECTED VICE PRESIDENT
	ENOUGH ANDREW DEGOD THE BEEN BEEN THE TRESTOLIN
•	
<del>.</del>	<del>.</del>
<del></del>	

	October 25, 2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Oc Effective date if applicable:	tober 25, 2017	
Ellective date il applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	0-25-10	
Signature	May 120	
_ <del></del>	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
арроі	nted fiduciary by that fiduciary)	
	THOMAS FOX	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>