P160000 49908

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: J & E CUSTOM H	OMES INC	
DOCUMENT S	NUMBER: P16000049908		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	CORY COSTA		
		Name of Contact Persor	1
		Firm/ Company	
	2 ROBIN PLACE		
	PALM COAST, FL 32164	Address	
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2
	HALLANAC18@GMAIL.COM		
	•	sed for future annual report	notification)
	mation concerning this matter, pleas		
CORY COSTA		at () 536-1472 de & Daytime Telephone Number
Ŋ	Jame of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing F	ee □\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



10

J & E CUSTOM HOMES INC

1 & E COSTOM HOMES INC	
(Name of Corporation	on as currently filed with the Florida Dept. of State)
116000049908	
(Docum	nent Number of Corporation (if known)
	•
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association." or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
Hen hegishered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent.—	I am familiar with and accept the obligations of the position.
	
Signa	ture 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, 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	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	CORY COSTA	2 ROBIN PLACE
X			PALM COAST, FL 32164
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or addin (Attach additional shee	i <mark>g additi</mark> ets, if nec	onal Articles, enter change(s) here: essary). (Be specific)	

			
<u> </u>			<u> </u>
			
			
· · · · · · · · · · · · · · · · · · ·		<u> </u>	·
		-	
provisions for implementing the amendm (if not applicable, indicate N/A)	en in incession and incession	Toman assume	
			
			
			
 -	· · · · · · · · · · · · · · · · · · ·		
 -			
	Page 3 of 4		
The date of each amendment(s) adoption:	CEMBER 18, 2019		, if other than t
ffective date <u>if applicable</u> :	(no more than 90 days after ame	endment 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)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 12/18/20 Signature		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	CORY COSTA	
	(Typed or printed name of person signing)	_
	DIRECTOR	
	(Title of nerson signing)	_