P16000097226

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SECRETARY OF STATIONS ON VISION OF CONFORMATIONS

DEC JOSHAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Triton Custom Bui	lders Inc		
DOCUMENT NUM	P16000097226			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Greg Givans			
		Name of Contact Person	1	
		Firm/ Company		
	2753 Shearwater Street			
		Address	1.11397	
	Clermont, FL 34711			
		City/ State and Zip Code	e	
greg	@tritonbuildersinc.com			
 .	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Greg Givans		at (³⁵²	348-3131	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or 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			Address	
	endment Section		Iment Section	
	vision of Corporations		on of Corporations	
). Box 6327		Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Triton Custom Builders Inc

P16000097226	or Corporation as carre	enny med with the Fibrius Dept. (1 State)
	(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:	
Triton Builders Group Inc		The new
	nation "Corp," "Inc," o	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
N If amending the registered agent ar	ud/ar registered affice s	ddress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	N/A	
Traine of their negationed rigent		
	Florida	a street address)
	N/A	an con audi cooy
New Registered Office Address:		(City) , Florida (Zip Code)
		(Cuy) (Zip Coue)
New Registered Agent's Signature, if c	hanging Registered Ag	ent:
		iar with and accept the obligations of the position.
	Signature of Ma	w Registered Agent, if changing
	ownaure of Ne	W NEYMETER AYERL O CHRISTIN

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 Do			
X Remove	<u>v</u>	Mike Jos	nes		
X Add	<u>sv</u>	Sally Sm	nith_		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_		-	
Add					
Remove					
2) Change				-	
Add					
Remove					
3) Change		_		-	
Add					 .
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add				•	
Remove				·	
6) Change					
Add		_	· · · · · · · · · · · · · · · · · · ·	•	
Pemovo				•	

E. If amending	g or adding additional A tional sheets, if necessary	rticles, enter change(s) here:		
	tional sneets, ij necessary). (Ве ѕресіліс)			
N/A					
					
		_			
					•
	•				
F. <u>If an ameno</u>	dment provides for an ex for implementing the ar	change, reclassificati	on, or cancellation (of issued shares,	
(if not	applicable, indicate N/A)	inchange in in indication	anea in the amenan	10110 1030111	
N/A					
					
					_ . _
<u> </u>					
			.		
8718					

. •	01/01/2017	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
(Effective date <u>if applicable</u> :	1/01/2017	
Епесиче date <u>п аррисаоле</u>	(no more than 90 days after amend	lment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing Department of State's records.	ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes of sufficient for approval.	east for the amendment(s)
	approved by the shareholders through voting groups for each voting group entitled to vote separately on	
"The number of votes of	ast for the amendment(s) was/were sufficient for app	proval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder ac	tion and shareholder
12/09/2	016	
Dated		
	α β <	
Signature	/ Jy / John	,,
	a director, president or other officer - if directors or	
	cted, by an incorporator – if in the hands of a received	er, trustee, or other court
арр	ointed fidurary by that fiduciary)	
	Greg Givans	
	(Typed or printed name of person sig	ning)
	President	
	(Title of person signing)	