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AUG 1 8 2017 S. YOUNG



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ANDREWS FAM	ILY BUILDERS, INC.		
	BER: P17000039384			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ERIKA RICE ANDREWS			
		Name of Contact Perso	n	
	ANDREWS FAMILY BUIL	DERS, INC		
		Firm/ Company		
	4452 STATE HWY 83 n	· ······ · ···························		
		Address		
	DEFUNIAK SPRINGS, FL	32433		
		City/ State and Zip Cod	le	
SUSI	IE.DUKE@DAVIDRJOHNSC	ONCPA.COM		
	_	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:at (	401-1204	
Name	of Contact Person	at t Area Co	/ ode & Daytime Telephone Number	
Enclosed is a check for	or the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
	Box 6327	Clifton Building		
	lahassee, FL 32314		Executive Center Circle	
		Tallah	assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

۸	NDREWS	FAMIL	N' RUIII	DERS	INC

(Name of Corporation as curr	rently filed with the Florida Dept. of State	<u>:</u> )	_	
P17000039384		•		
(Document Numb	oer of Corporation (if known)		-	
Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation:	this Florida Profit Corporation adopts the	following	g amer	idment(s)
A. If amending name, enter the new name of the corporation	1:			
	_		TI	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation nam		- brevia	
3. Enter new principal office address, if applicable:				
Principal office address <u>MUST BE A STREET ADDRESS</u> )		<u>.</u>	17	
		<del>-</del>	3	_
		<del></del>	<u>75</u>	<del></del>
Enter new mailing address, if applicable:		Ĭ.		ก
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u>:</u>	_==:	<del>-</del> ->
		r	بب	<b>-</b> -
			<u>_</u>	
N 16				_
<ol> <li>If amending the registered agent and/or registered office a new registered agent and/or the new registered office add</li> </ol>	address in Florida, enter the name of the ress:			
Name of New Registered Agent				
Nume of New Registerea Agent				
(Florid	a street address)			
New Registered Office Address:	(City) Florida	(Zip C	ode)	_
		-		
New Registered Agent's Signature, if changing Registered Ag	tent:			
hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the po	SHION.		
Signature of Ne	w 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	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	VP	ROBERT ANDREWS, JR	4452 STATE HWY 83 N
Add			DEFUNIAK SPRINGS, FL 32433
X Remove			
2) Change	OFF	CRYSTAL ANDREWS	4452 STATE HWY 83 N
Add			DEFUNIAK SPRINGS, FL 32433
X Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be sp	
	<del></del>
	<u> </u>
F. If an amendment provides for an exchange, reprovisions for implementing the amendment (if not applicable, indicate N/A)	eclassification, or cancellation of issued shares, if not contained in the amendment itself:
TRANSFER SHARES FROM ROBERT ANDREV	WS, JR TO ERIKA RICE ANDREWS
TRANSFER SHARES FROM CRYSTAL ANDRE	EWS TO ROBERT ANDREWS, III

	AUGUST 3, 2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	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 ac by the shareholders was/were s	lopted by the shareholders. The number of votes east 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):	i
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
AUGUST Dated	3, 2017	
Signature <u></u>	ystal Andrews	
select	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 need fiduciary by that fiduciary)	
	CRYSTAL ANDREWS	
	(Typed or printed name of person signing)	
	OFFICER	
	(Title of person signing)	