

P18000008781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

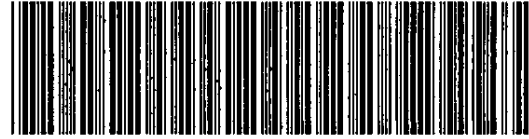
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/04/18--01027--005 **35.00

STATE OF CALIFORNIA
FACILITY SERVICES DIVISION

2018 APR 18 P 12:01

FILED

APR 23 2019
T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bright Worx Inc

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Mya Leigh Toohey
Name of Contact Person
Bright Worx Inc
Firm/ Company
100 S Belcher Rd Unit 5587
Address
Clearwater FL 33758
City/ State and Zip Code

info@brightworxconstruction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mya Leigh Toohey at (813) 450-6235
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

MYA LEIGH TOOHEY
100 S BELCHER RD UNIT 5587
CLEARWATER, FL 33758

SUBJECT: BRIGHT WORX INC.
Ref. Number: P18000008781

We have received your document for BRIGHT WORX INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Check only one box for the adoption of amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 918A00006906

RECEIVED
18 APR 18 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED

Bright Worx Inc

(Name of Corporation as currently filed with the Florida Department of State) 08/18/2018

82-4255244

(Document Number of Corporation (if known)) TALEAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

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

Signature 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:

- Change PT John Doe
- Remove V Mike Jones
- Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Mya Leigh Toohey</u>	_____
____ Add			_____
____ Remove			_____
2) ____ Change	<u>CFO</u>	<u>Zachary Adam Toohey</u>	<u>100 S Belcher Rd Unit 5587</u>
<input checked="" type="checkbox"/> Add			<u>Clearwater FL 33758</u>
____ Remove			_____
3) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
4) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
5) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____
6) ____ Change	_____	_____	_____
____ Add			_____
____ Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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)

- 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
by _____."
(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.

Dated 4/13/18

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)

(Typed or printed name of person signing)

(Title of person signing)

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2018 ML 3979550

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. NAME OF SPOUSE (First, Middle, Last) MYA L NEUBAUER		1b. MAIDEN SURNAME (If applicable) NEUBAUER	2. DATE OF BIRTH (Month, Day, Year) 2/26/1979
3a. RESIDENCE - CITY, TOWN, OR LOCATION CLEARWATER	3b. COUNTY PINELLAS	3c. STATE FLORIDA	4. BIRTHPLACE (State or Foreign Country) KENTUCKY
5a. NAME OF SPOUSE (First, Middle, Last) ERIC SHAWN TOOHEY		5b. MAIDEN SURNAME (If applicable) TOOHEY	6. DATE OF BIRTH (Month, Day, Year) 12/18/1983
7a. RESIDENCE - CITY, TOWN, OR LOCATION CLEARWATER	7b. COUNTY PINELLAS	7c. STATE FLORIDA	8. Birthplace (State or Foreign Country) KENTUCKY

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink) > <i>[Signature]</i>	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 2-13-18
11. TITLE OF OFFICIAL NOTARY	12. SIGNATURE OF OFFICIAL (Use black ink) > <i>[Signature]</i>
13. SIGNATURE OF SPOUSE (Sign full name using black ink) <i>[Signature]</i>	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 02/14/2018
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) > <i>[Signature]</i>

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 02/14/2018	18a. DATE LICENSE EFFECTIVE 02/14/2018	19. EXPIRATION DATE 04/15/2018
20a. SIGNATURE OF COURT CLERK OR JUDGE > <i>[Signature]</i>	20b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	20c. BY D.C. JB	

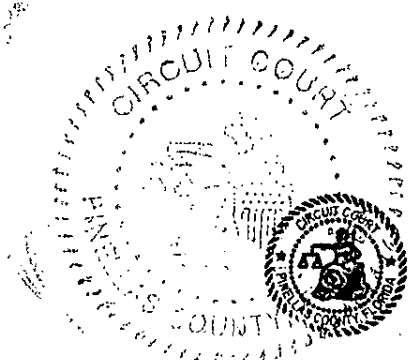
CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE (Month, Day, Year) 02/15/2018	22. CITY, TOWN, OR LOCATION OF MARRIAGE Pinellas Park, Florida		
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>[Signature]</i>	23c. ADDRESS (Of person performing ceremony) 1019 Oak St Dunedin FL 34698		
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY Notary Public - State of Florida My Comm. Expires Jun 1, 2018 Commission # FF 90098	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >	



KEITH A. LAKE
Commission # FF 13335
Expires June 27, 2018
Bonded Through February 28, 2019



STATE OF FLORIDA-PINELLAS COUNTY
I hereby certify that the foregoing is a true copy as recorded in the official records of Pinellas County.
This 15 day of Feb 2018
KEN BURKE
Clerk of Circuit Court & Comptroller
By: *[Signature]*
Deputy Clerk