P18000065132

| (Danisated Niews) |
|---|
| (Requestor's Name) |
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





800321079328

11/27/18--01013--006 **35.00



DEC 05 2018 C MCNAIR

COVER LETTER

| | | COVER LETTER | | eg |
|--|---|--|--|--|
| TO: Amendment Sec Division of Corp | | | | ASCORPANCE TOMBER |
| NAME OF CORPO | RATION: Phoenix Enterprise | es Group, Inc dba/ Southeas | tern Drywall Systems | The state of the s |
| DOCUMENT NUM | P18000065132 | | | 69. (3 |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | 03/7 |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | Thomas Freeman | | | |
| | | Name of Contact Person | | |
| | Southeastern Drywall System | 15 | | |
| | | Firm/ Company | | |
| | 1070 Tunnel Rd Bldg1 Ste 10 | 0 #227 | | |
| | | Address | | |
| | Asheville NC 28805 | | | |
| | | City/ State and Zip Code | : | |
| tom(| @southeasterndrywall.net | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further information | on concerning this matter, pleas | se call: | | |
| Thomas Freeman | | 904 at (| 8603679 | |
| Name of Contact Person | | | de & Daytime Telephone Number | |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | rtment 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) | |
| | niling Address | | Address | |
| Amendment Section Division of Corporations | | Amendment Section Division of Corporations | | |
| P.O. Box 6327 | | Clifton Building | | |
| Lat | lahassee, FL 32314 | 2661 Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| | ر <i>ي</i> م. | |
|---|--|--------------|
| | | 20 . |
| | ncorporation | 1/2 |
| penix Enterprises Group, Inc dba/ Southeastern Drywall System | | ر المراكب |
| | discrete discrete State Day of Santa | <u>, \/</u> |
| | itly filed with the Florida Dept. of State) | |
| 000065132 | | |
| (Document Number | of Corporation (if known) | (%) |
| suant to the provisions of section 607.1006, Florida Statutes, thi articles of Incorporation: | s Florida Profit Corporation adopts the following amer | ndment(s |
| If amending name, enter the new name of the corporation: | | |
| | 47 | |
| e must be distinguishable and contain the word "corporati | | new ation |
| rp.," "Inc.," or Co.," or the designation "Corp." "Inc," or d "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain | |
| Enter new principal office address, if applicable: | 1070 Tunnel Rd Blg1 Ste 10 #227 | |
| ncipal office address MUST BE A STREET ADDRESS) | | |
| incipal office address <u>MUST BE A STREET ADDRESS</u>) | Asheville | |
| | Asheville NC 28805 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| Enter new mailing address, if applicable: | | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered office ad | NC 28805 dress in Florida, enter the name of the | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered office ad | NC 28805 dress in Florida, enter the name of the | |
| Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) If amending the registered agent and/or registered office ad | NC 28805 dress in Florida, enter the name of the | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre | NC 28805 dress in Florida, enter the name of the | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre | NC 28805 dress in Florida, enter the name of the | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre | dress in Florida, enter the name of the | |

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 | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | <u>P</u> | LAURIE FREEMAN | 288 EAST COAST DO |
| Add | | | Allantic Beach |
| Remove | | | Fl. 302 33 |
| 2) Change | <u>S</u> | Thomas Freeman | 65 Vance Gap Rd |
| X Add | | | Asheville, NC 28805 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| *** |
|--|
| |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| |
| |
| |
| |
| 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) date this document was signed. | adoption: | , if other than the |
|--|--|------------------------------------|
| · · | lovember 20 2018 | |
| Effective date if applicable: | Overnoet 20 2016 | |
| | (no more than 90 days after amendment file date) | <u> </u> |
| Note: If the date inserted in thi document's effective date on the | s block does not meet the applicable statutory filing requirements, the Department of State's records. | nis date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes east for the amenda sufficient for approval. | nent(s) |
| | approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| <u></u> | (voting group) | |
| action was not required. | adopted by the board of directors without shareholder action and share adopted by the incorporators without shareholder action and sharehold | |
| action was not required. | suppled by the incorporators without shareholder action and sharehold | ici |
| Novemb Dated | per 20 2018 | |
| 0.5 | hama Recu | |
| sele | a director, president or other officer — if directors or officers have not cted, by an incorporator — if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary) | |
| | Thomas Freeman | |
| | (Typed or printed name of person signing) | |
| | Secretary | |
| | (Title of person signing) | |