

P19000056530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

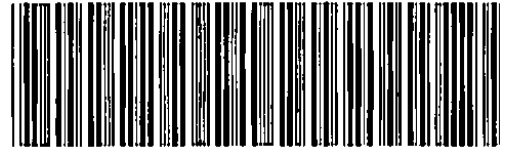
Special Instructions to Filing Officer:

Called K. Seng to get Adoption  
of Amendment info on 10/3/19.

OK per DCU (T)

OK

Office Use Only



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06/28/19--01020--027

S TALLENT

OCT 03 2019

W/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2019

KENNETH S. GLUCKMAN  
MORAN KIDD LYONS JOHNSON GARCIA, P.A.  
111 N. ORANGE AVENUE, SUITE 900  
ORLANDO, FL 32801

SUBJECT: BT PERSONNEL, INC.  
Ref. Number: W19000062816

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

Our records indicate the original online filing request for the above named entity was not filed and was returned via email for corrections. Therefore, the enclosed document cannot be filed as the entity does not exist. Please check your email inbox for instructions to make the necessary corrections to complete the entity formation process.

YOU MAY CONTACT THE NEW FILING DIVISION AT 850-245-6052 FOR FURTHER ASSISTANCE.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 319A00013944

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BT Personnel Inc.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Kenneth S. Gluckman

\_\_\_\_\_  
Name of Contact Person

Moran Kidd Lyons Johnson Garcia, P.A.

\_\_\_\_\_  
Firm/ Company

111 N. Orange Avenue, Suite 900

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/ State and Zip Code

kgluckman@morankidd.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

✓

For further information concerning this matter, please call:

Kenn Gluckman at ( 407 ) 841-4141  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Articles of Amendment  
to  
Articles of Incorporation  
of

BT PERSONNEL INC

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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

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

BT CONTRACTORS INC

*The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviations "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)

N/A

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

N/A

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

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(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 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; EO = Executive Officer; CFO = Chief Financial Officer If an officer/director holds more than one title, list the first letter of 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 th a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT c Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example:

X Change                      PT              John Doe

X Remove                      V              Mike Jones

X Add                      SV              Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ <i>N/A</i> _____	_____ _____ _____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ <i>N/A</i> _____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____ _____	_____ _____ _____

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

N/A

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 o  
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  
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

6-27-19

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)

Kenneth S. Gluckman

(Typed or printed name of person signing)

Corporate Counsel

(Title of person signing)