## P19000058260

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SECRETARY OF STATE

AUG 2 8 2018 T. LEVISLIM

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Mid State Shed Bu	ilders Inc.	<u>.                                    </u>
DOCUMENT NUM	P19000058260		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Robert E Hair		
		Name of Contact Pers	son
	Mid State Shed Builders Inc.		
		Firm/ Company	<del></del>
	177 US 27 STH	•	
		Address	
	Sebring FL 33870		
		City/ State and Zip Co	ode
1 . 1	1 1 1 2 01	,	
nıgr ——	nlandssheds@hotmail.com		
	E-mail address: (to be us	sed for future annual repo	or notification)
For further informati	on concerning this matter, pleas	se call:	
Robert E Hair		863	314-0999 Code & Daytime Telephone Number
Name	e of Contact Person	Area (	Code & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida De	partment of State:
□ \$35 Filing Fee	S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			et Address
			ndment Section
			sion of Corporations on Building
		2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mid State Shed Buiders Inc.

FILED

(Name of Corporation as	currently filed with the Florida Dept. of State)
P19000058260	2813 ANS THE 11 \$8
(Document N	Number of Corporation (if known) SEORE TARY OF STATE TALLAHASSEE, FLORIDA
	utes, this Florida Profit Corporation adopts the following amendment(s)
ts Articles of Incorporation:	
A. If amending name, enter the new name of the corpora	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>S</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of	
new registered agent and/or the new registered office	<u>address:</u>
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	. Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am	
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.

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>	Name	Address
1) X Change	P	Robert E Hair	177 US 27 STH
Add			Sebring
Remove			FL 33870
2) Change	V	Johnny D Greer 11	14464 SE 34th Terrace
X Add			Summerfield
Remove			FL 34491
3) Change	ST	Hailey P Hair	177 US 27 STH
X Add			Sebring
Add Remove			FL 33870
Keniove			<del> </del>
4) Change			
Add			
Remove			
5) Change	<del></del>		<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
··-·		-
· · · · · · · · · · · · · · · · · · ·		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	ndment 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 <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
August 8 Dated	th 2019	
174100	PH	
Signature 🔀	Muni	
selec	director, president or other officer – if directors or officers have not bee ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	Robert E Hair	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>