Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000184898 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LICENSES ETC INC

Account Number : 120070000159

Phone

: (239)777-1028

Fax Number

: (877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

SUPPORT@LICENSESETC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN MCCOY CONTRACTING, INC.

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To: 18506176380

**TO:** Amendment Section

(((H21000184898 3)))

## **COVER LETTER**

Division of Con	porations					
NAME OF CORPO	RATION: MCCOY CONTRA	ACTING, INC.				
	BER: P21000021394					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corn	espondence concerning this ma	tter to the following:				
	LISA ADAMS					
	<del> </del>	Name of Contact Person				
	LICENSES, ETC., INC.					
		Firm/ Company				
	27911 CROWN LAKE BLVD, SUITE 211					
	Address					
	BONITA SPRINGS, FL 34135					
		City/ State and Zip Code	:			
	SUPPORT@LICENSESETO	C.COM				
	<del>"</del>	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
, continue internacional	en concerning and mancer proces					
LISA ADAMS		at ( 239	777-1028			
Name	of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check f	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)			
Mailing Address  Amendment Section  Division of Corporations		Street Address Amendment Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

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## Articles of Amendment to Articles of Incorporation

MCCOY CONTRACTING, INC.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P21000021394	
(Document)	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corr	poration:
MCCOY BUILDERS, INC.	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	RFSS)
y rincipal typic intarest <u>bross bit its ristration</u>	
	102
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I d	stered Agent: am familiar with and accept the obligations of the position.
Sionati	ure of New Registered Agent, if changing
v	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 60	07.0120 (11) (e), F.S.

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## 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 = ChiefExecutive 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 Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		. <del></del>		 
Add				
Remove				
2) Change		_		 
Add				
Remove 3) Change	<u>.</u>	<b>.</b>		
Add				
Remove				
4) Change		<del></del>		 
Add				
Remove				<del></del>
5) Change		_		 
Add				
Remove				
6) Change		_		 
Add				
Remove				

To: 18506176380

(((H21000184898 3)))

macn <i>addition</i>	al sheets, if necessary). (Be specific)	
iso please	include the Employer Identification Number: 86-25	49702
<u></u>		
		_
		<del></del>
an amendme	nt provides for an exchange, reclassification, or cancellation of issued sh	ares,
if not app	implementing the amendment if not contained in the amendment itself: licable, indicate N/A)	
		_

Page: 7 of 7

From: Licenses Etc.

(((H21000184898 3)))

The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days a	fier omendment file date)
Note: If the date inserted in this bedocument's effective date on the Do		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required	opted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were sa	opted by the shareholders. The numbe officient for approval.	r of votes cast for the amendment(s)
	proved by the shareholders through vol each voting group entitled to vote sep	
"The number of votes cast	for the amendment(s) was/were suffic	ient for approval
bv		
•	(voting group)	
MAY 12T	4 2021	
Dated		
Signature	irector, president or other officer – if d	
selecte	irector, president or other officer – if d d, by an incorporator – if in the hands ted fiduciary by that fiduciary)	
	KEVIN MCCOY	
	(Typed or printed name of	person signing)
	P	
	(Title of person signing)	<u> </u>