## P22000016397

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HARBOR POINTE CONTIACTOIS, INC. P22000016397 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CHARLES HODGES

Name of Contact Person

HAKBOR POINTE COMTRACTORS, INC.

Firm/ Company

7236 COUNTY ROAD 315

Address City/ State and Zip Code

Cwhfla Ogmail. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CHARLES Hobses at 904 400 - 1246 F Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

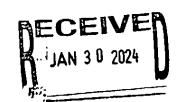
**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address** 

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



## **Articles of Amendment** to Articles of Incorporation

of

to

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					THE P	· —
	ame of Corporati				tate)	The same
HARBOR	POINTE	CONTRA	CTORS, I	-N C.		3 1
			Corporation (if kn		<u> </u>	星,
ursuant to the provisions of sectio	n 607 1006. Florid	a Statutes, this F	lorida Profit Coro	oration adopts t	he folldælin	a amendme
s Articles of Incorporation:	11 007.1000, 110110	a cratture, time r	oriuu i rojn corp	or anon adopts	73	52
a. If amending name, enter the r	iew name of the c	ornoration:				
in americang manie, enter the	ich name of the c	or por account				
ame must be distinguishable and c	ontain the word "c	orporation." "co	mpany." or "inco	rporated" or the	abbreviatio	_The new on ''Corp'
'Inc.," or Co.," or the designati	on "Corp." "Inc.	" or "Co". A				
'chartered," "professional associa	tton," or the abbri	eviation "P.A.			<b>a</b> .	
B. Enter new principal office add			1236	COUNTY	KoAd	315
Principal office address <u>MUST B</u>	<u>E A SIKEET ADI</u>	<u>DRESS</u> )	7236 Keyst Florus	ONE HE	19415	
			FIDME	A 3269	56	
C. Enter new mailing address, if (Mailing address MAY BE A F		) <b>Y</b> )				
muning address MAT DE AT	OBT OTTICE DE	<u> </u>				
					<del></del>	
). If amending the registered ag	ent and/or registe	red office addre	ss in Florida, ent	er the name of	the	
new registered agent and/or t					<del></del>	
Name of New Registered A	lgent					_
	-					
	<del> </del>	(Florida stree	rt address)			-
New Registered Office Add	dress:			, Flor	ida	
		(0	Tity)		(Zip C	Code)
·						
In Decision of America Cinesan	if about the Dec	-1-44				
New Registered Agent's Signatur hereby accept the appointment as			th and accept the	obligations of th	e position.	
	Cian.	ature of New Da	gistered Agent, if c	hanaina		-
	Sign	ature oj ivew Rej	дыегей мдет, 17 С	nanying		
Check if applicable						

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) _X Change	VP_	MICHAEL FRAHM	5321 CATHY STARET
Add			MILTON FL 32583
Remove			
2) Change	<u>P</u>	CHARLES Hodges	7236 County Road 315
<b>X</b> _ Add			Keystone Heights
Remove 3) Change		JAMER TOMERLI	PLURIDA 32656
Add			56 king STREET
Remove			SAINT NOUSTING FL 320K
4) Change			
Add			
Remove			
5) Change			
Add			··
Remove			
6) Change			
Add			
Remove			

`	nending or adding additional Article ch additional sheets, if necessary). (	Be specific)
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<del></del>		
	<del></del>	
lfan	amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
pro	visions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
	CHANCS HUDGES	50%
)		
		25%
P	Michael Frank	
Р	James Tomselli	25%
P		
Р		
P		

The date of each amendment(s	adoption:A	lusry .	08, 2024		, if other than
date this document was signed.		1			
Effective date <u>if applicable</u> :	JANUARY (no.	08, 2	024		
	(no r	nore than 90	) days after amer	ndment file date)	
Note: If the date inserted in this document's effective date on the		• •	able statutory fil	ling requirements, this	s date will not be listed as
Adoption of Amendment(s)	(CHECK	ONE)			
☐ The amendment(s) was/were action was not required.	adopted by the incorp	oorators, or t	ooard of directors	s without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	•		number of votes	s cast for the amendme	ent(s)
The amendment(s) was/were a must be separately provided j					tement
"The number of votes ca	ist for the amendmen	t(s) was/wei	e sufficient for a	pproval	
by MICHAEL	J. FRAHM			.**	
,	(voting gr	оир)		·	
Signature	08/2024	1 .	Yar_		
selec	director president of ted, by an incorporate inted fiduciary by the	tor – if in the	hands of a recei	or officers have not be iver, trustee, or other of	en court
	Mici	HAE L	J. FRAH		
	(Typed	l or printed i	name of person s	igning)	
	Vici	e Pres	IDENT		
	(Title o	of person sig	ning)		<del></del>

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