P22 000035159

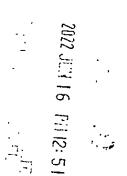
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPENCER-HEND	ERSON CONSTRUCTION	I, INC.		
DOCUMENT NUME	ER: P22000035159				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	BILLY R HENDERSON				
•		Name of Contact Person			
	SPENCER-HENDERSON CONSTRUCTION, INC.				
•		Firm/ Company			
	4527 OAK HILL STREET				
		Address	··-		
	APOPKA, FLORIDA 32717				
		City/ State and Zip Code			
	BILLHENDERSON7@GMA	AIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
BILLY R HENDERS	NC	at (_)		
Name of Contact Person		Area Coo	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303		

Articles of Amendment to Articles of Incorporation of

SPENCER-HENDERSON CONSTRUCTION, INC.

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

(<u>Name c</u>	of Corporation as currently	filed with the Florida Dept, of State)	
P22000035159		,	_ <u>.</u>
· · ·	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this F	Ilorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
			_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation professional corporation name must contain	m "Corp.,"
B. Enter new principal office address,	if applicable:	4527 OAK HILL STREET	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		APOPKA, FLORIDA 32712	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4527 OAK HILL STREET	
·		APOPKA, FLORIDA 32712	
			
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the name of the	
	BILLY R HENDERSON		
<u>Name of New Registered Agent</u>	4527 OAK HILL STREET		-
	(Florida stre	et address)	-
	АРОРКА	. Florida ³²⁷¹²	
New Registered Office Address:		City) Zip C	Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligations of the position.	
	Signature of New Re	gistered Agent, if changing	-
Check if applicable			

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 Doe</u>		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>ne</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_ 		
Add				
Remove				

rmacii aaai	tional sheets, if necessary). (Be specific)			
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<u>f an ameno</u>	lment provides for an ex	change, reclassific	ation, or cancella	ition of issued sha	ires,
provisions (if	for implementing the ar	nendment if not co	ontained in the an	nendment itself:	
(y not	applicable, indicate N/A)				
					
					
				 	

.

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
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. Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehol	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	***	
	(voting group)	
MAY 16. Dated	2022	
select	director, president or other officer – if directors or officers have not ed. by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)	ot been her court
	BILLY R HENDERSON	
	(Typed or printed name of person signing)	
	PVTS	
	(Title of person signing)	