## P22000037610

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL.
(Business Entity Nan	ne)
(Document Number)	
(Boodinent Validor)	
Certified Copies Certificates	s of Status
Special Instructions to Filing Officer:	
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y 4/4/2023

## **COVER LETTER**

. TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: TRINITY ONE CO	ONTRACTOR INC	
DOCUMENT NUM	P22000037610		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corn	espondence concerning this ma	tter to the following:	
	Hai Hua Mei		
		Name of Contact Persor	1
	TRINITY ONE CONTRACT	TOR INC	
	·	. Firm/ Company	
	10681 E COLONIAL DRIVE	3	
		Address	
	ORLANDO, FL 32817		
		City/ State and Zip Code	2
	office@trinityoneco.com		
		sed for future annual report	notification)
		•	,
For further information	on concerning this matter, pleas	se call:	
Hai Hua Mei		at ( <sup>917</sup>	791-1100
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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 P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



February 18, 2023

HAI HUA MEI 10681 E COLONIAL DRIVE ORLANDO, FL 32817

SUBJECT: TRINITY ONE CONTRACTOR INC

Ref. Number: P22000037610

We have received your document for TRINITY ONE CONTRACTOR INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

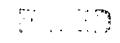
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00003978

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of



TRINITY ONE CONTRACTOR INC				2023 HAR <b>3</b> 0	ħΗ	7: 44
(Name of Corporation	as currently f	iled with the Flo	orida Dept. of St	ate)		
P22000037610				.;_ ,		. L
(Documer	nt Number of C	orporation (if kr	nown)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Cor	<i>poration</i> adopts t	he following amend	ment(	s) to
A. If amending name, enter the new name of the corp	poration:					
				The n		
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," or chartered," "professional association," or the abbrevi	or "Co". A p	npany," or "inco professional cor	orporated" or the poration name n	abbreviation "Corp tust contain the we	ı.," ord	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u> )			·	_	
			<del></del> _		_	
					_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ó				_	
	•	···			-	
		<del></del>	<u> </u>		_	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office addres ffice address:	s in Florida, en	ter the name of	<u>the</u>		
Name of New Registered Agent						
<del>-</del>						
	(Florida street	address)				
New Registered Office Address:			, Flor	ida	_	
new negmered Office Address.	(C	ity)		(Zip Code)	_	
and the Burk						
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stereg Agent: am familiar wit	h and accept the	obligations of th	ie position.		
I have by accept the appointment as regarded agent.		•	· ·	-		
	. (31 P	**************************************		<del></del>		
Signat	ture of New Reg	istered Agent, if	cnanging			

Check if applicable

<sup>☐</sup> 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	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Director	Jimmy Jack White	247 Carmen Ln
X Add			Debary, FL 32713
Remove			
2) Change	<del></del>		
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	s, if necessary).	(Be specific)			
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	11/07/2022	
The date of each amendment(s) a	loption:	, if other than the
late this document was signed.		
•	7/2022	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	lock does not meet the applicable statutory filing requirements, to partment of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without sharehold	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amend officient for approval.	Iment(s)
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(s	statement ):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
Hai Hua Mei	<sup>\\\</sup>	
<u>.</u>	(voting group)	
11/07/2022		
Dated		
	13	
selecte	frector, president or other officer – if directors or officers have no d, by an incorporator – if in the hands of a receiver, trustee, or oth ted fiduciary by that fiduciary)	t been er court
	Hai Hua Mei	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	