

P930000016496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

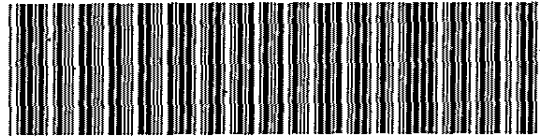
(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend
Name Change
10/9.30.04



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09/24/04--01003--005 **35.00

FILED
04 SEP 24 PM 3:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
04 SEP 24 PM 3:09
TALLAHASSEE, FLORIDA
CLERK OF THE COURT

NAME OF CORPORATION: SOUTHEAST PERSONAL SERVICES, INC.

DOCUMENT NUMBER: P93000016496

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRETT McALLISTER
(Name of Contact Person)

SOUTHEAST CUSTOM REMODELING, INC.
(Firm/ Company)

11717 165th Rd North
(Address)

Jupiter, FL 33478
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Brett McAllister at (561) 745-8867
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

SOUTHEAST PERSONAL SERVICES, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

P93000016496

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

SOUTHEAST CUSTOM REMODELING, INC.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered," "professional association," or the abbreviation "P.A.")

Additional
Officers

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

① ELIZABETH BRETT McALLISTER, Treasurer

11717 165th Rd. North

Jupiter, FL 33478

② JANE B. McALLISTER, Sec.

7670 SE Shenandoah Dr

Hobe Sound FL 33455

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: Sept 20, 2004

Effective date if applicable: Sept 20, 2004

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by

_____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this

20th day of September, 2004.

Signature

[Signature]
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

John H. McALLISTER

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35