

P94 000029925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

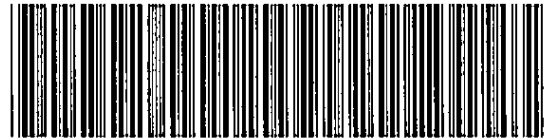
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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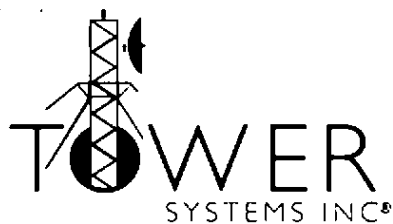


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R. WHITE
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P.O. Box 1474
17226 447th Avenue
Watertown, SD 57201-6474
P: 605.886.0930 F: 605.886.0932
www.towersystems.com

May 11, 2020

FLORIDA DEPARTMENT OF STATE
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**RE: Tower Systems South, Inc., Document#: P94000029925, CGC1515834 and CGC1528645
– Amending Officers &/or Directors of Corporation**

To Whom It May Concern;

Attached, please find the fully executed form filing Articles of Amendment to amend the articles of incorporation pursuant to section 607.1006, Florida Statutes.

Our corporation is notifying the State of Florida with an amendment of corporate officers/directors as well as a reclassification of Shares from Matthew R. Eischens (resigned) to Treasury Stock. See attached.

Enclosed, please find a check# 19281 for \$52.50 for filing fee, certificate of status with certified copy.

Please do not hesitate to contact our office with additional questions or concerns. Thank you in advance for your assistance in this matter.

Sincerely,

Kari L. Carlson
President and CEO
Tower Systems, Inc. – Tower Systems South, Inc.
(605)886-0930 SD Office
(407)681-0500 FL Office
(407)756-0709 Mobile
kcarlson@towersystems.com

CC: FL GC File



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tower Systems South, Inc.

DOCUMENT NUMBER: P94000029925

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

Please return all correspondence concerning this matter to the following:

Kari Lynn Carlson
Name of Contact Person
Tower Systems, Inc.
Firm/ Company
PO Box 1474, 17226 447th Avenue
Address
Watertown, SD 57201
City/ State and Zip Code

kcarlson@towersystems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kari Lynn Carlson at (605) 886-0930
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Tower Systems South, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P94000029925

(Document Number of Corporation (if known))

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

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	D	Matthew R. Eischens	17226 44th Avenue
<input type="checkbox"/> Add			PO Box 1474
<input checked="" type="checkbox"/> Remove			Watertown, SD 57201
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

G. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

H. If an amendment provides for an 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)

See attached.

May 4, 2020

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

May 4, 2020

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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)

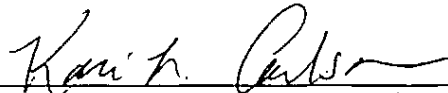
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

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

May 11, 2020

Dated _____

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)

Kari Lynn Carlson

(Typed or printed name of person signing)

President

(Title of person signing)