

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	s
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12/10/10--01022--008 \*\*35.00

SECENDARY OF STATE





### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	AME OF CORPORATION: SANDCASTLE CONSTRUCTION CO., INC.			<del>.</del>
DOCUMENT NUME	BER:	P9400006198	1	
The enclosed Articles	of Amendi	ment and fee are	submitted for filing.	
Please return all corres	spondence	concerning this n	natter to the following:	
		VALIQUETTE	, MICHAEL JOSEPH	
		Nam	e of Contact Person	
		SANDCASTLE	CONSTRUCTION CO., INC	
<del></del>		i	Firm/ Company	
		695 TARPON	BAY ROAD; SUITE #7	
			Address	
		SANIBEL, FL	33957	
		City/	State and Zip Code	
	E-mail ac	mvaliquette@e	comcast.net or future annual report notification)	
For further information	n concernit	ng this matter, ple	ease call:	
VALIQUETTE,	MICHAEL Contact Perso		at ( 239 ) 472-0200	al and North and
			Area Code & Daytime Tele	•
Enclosed is a check for	r the follov	ving amount mad	e payable to the Florida Depart	ment of State:
💢 \$35 Filing Fee	S43.75 Fill Certificate	ling Fee & e 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 Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	2
			Tallahassee, FL 32301	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2010

MICHAEL J VALIQUETTE 695 TARPON BAY RD STE 7 SANIBEL, FL 33957

SUBJECT: SANDCASTLE CONSTRUCTION CO., INC.

Ref. Number: P94000061981

We have received your document for SANDCASTLE CONSTRUCTION CO., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are wanting to change your corporate name to is your current name.

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) 245-6957.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 210A00029023

### **Articles of Amendment**

# Articles of Incorporation of

Sandcastle	Cons	truction	Co., Inc.	,		
(Name of Corporation as curre	<u>atiy mea with t</u>	<u>ne Florida Dept. c</u>	or State)			
P94000061981		('Ct)				
(Document Number	ocr of Corporati	on (II known)				
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statut	es, this <i>Florida Pr</i>	rofit Corporation ado	pts the fo	llowin	ā
A. If amending name, enter the new name of	the corporation	<u>n:</u>				
NA				The new	117	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions"	designation "Co	orp," "Inc," or "C	o". A professional c	d" or th orporatio	e n	
B. Enter new principal office address, if appli		NA		-		
(Principal office address MUST BE A STREET	ADDRESS )	,	*			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	E BOX)	NA		SEGRETIMS ( )	10 DEC 23 KI	100 mg
				<u>- තු</u> කි	ౙ	
				- <b>国</b> 藍	ਜ਼ ਹ	
D. If amending the registered agent and/or re	gistered office	address in Florida	enter the name of t	he 🚟		
new registered agent and/or the new regist			, cuter the name of t			
/include full middle name)		, MICHAEL JOS	SEPK .			
GE.	NA					
New Registered Office Address:		da street address)				
			F1 11			
<del>-</del>	(City)		, Florida (Zip Code)	<del></del>		
	(Cuy)		(Lip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			t the obligations of the	? position.		
N	A					
Sig	gnature of New	Registered Agent, ij	fchanging			

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** Name Address Type of Action NA □ Add Remove □ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) NA F. 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) NA

'If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment	12/1/2010 (s) adoption:
Effective date if applicable:	12/1/2010 (date of adoption is required)
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)
. Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	12/5/2010
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	VALIQUETTE, MICHAEL JOSEPH
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)