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## **COVER LETTER**

TO: Amendment Section Division of Corporations

. ..

NAME OF CORPOR	ATION: TRACY ACREE	CONSTRUCTION, INC.			
DOCUMENT NUMB	D07000033007				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	JOHN S. MEAD, ESQUIRE				
-		Name of Contact Person	1		
	MEAD LAW & TITLE, PLLC				
-		Firm/ Company			
	24 WALTER MARTIN RD	NE. SUITE 201			
•		Address			
	FORT WALTON BEACH, FL 32548				
•	City/ State and Zip Code				
For further information	concerning this matter, pleas	sed for future annual report se call:	nonneadon)		
JOHN S. MEAD		at (			
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	S43.75 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		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

	Articles of Incorp	oration	File	•-
TRACY ACREE CONSTRUCTION, INC.	of		111	$\mathcal{E}D$
	magation on anyong the Gl	ad adabaha Phada ay	2024 AJIC 12	
P97000032097	poration as currently fil	ed with the Florida De	SECULTS SERVED A 3	ED PM-4:06
	Document Number of Co	rnoration (if known)	TAITAGUT	IE OS
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:			adopts the following	EE, FATE ing amendment(s)
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the wa "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A pro abbreviation "P.A."	pany," or "incorporated ofessional corporation	l" or the abbreviat name_must_conto	ion "Corv"
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>				
	_			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BOX</u> )			
		<del>.</del>	<del></del>	
D. If amending the registered agent and/or re	egistered office address	in Florida, enter the m	ıme of the	<del></del>
new registered agent and/or the new regis	tered office address:			
Name of New Registered Agent				_
	(Florida street ac	ldress)		_
New Registered Office Address:			171	
Sen registered contre stations.	(City)	)	, Florida (Zip	Code)
New Registered Agent's Signature, if changin thereby accept the appointment as registered ag	g Registered Agent; gent. I om familiar with c	md accept the obligatio	ns of the position.	
	Signature of New Registe	med down (Caleman)	_	_
	Signiture of their neglitte	тексмдет, ң спануту		
Check if applicable  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)

Example:

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>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	MGR	Olivia Wolff	P.O. Box 2492
X Add			Fort Walton Beach, FL 32549
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)			
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			_	
			16 -	
f an amendment provides for an excl	nange, reclassification, or	cancellation of issued	i shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained	in the amendment its	<u>el1:</u>	
(3 4)				
		·	·	
	·	<del></del>		<del></del>
		<del></del> _		

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	(date)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as the
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 sl	hareholder action and shareholder
■ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the fficient for approval.	ne amendment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the american	llowing statement adment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	petor, president or other officer – if directors or officers led fiduciary by that fiduciary)	have not been c, or other court
	TOHNWETTE T. ALREE (Typed or printed name of person signing)	·
	VICE PRESIDENT (Title of person signing)	