

P970000060390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

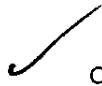
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MAIL

(Business Entity Name)

(Document Number) •

Certified Copies



Certificates of Status



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08/09/11--01019--015 **52.50

2011 AUG -9 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amend
8-10-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMERICAN PLASTERING COMPANY OF NE FL

DOCUMENT NUMBER: P 97000060590

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

Please return all correspondence concerning this matter to the following:

JARRETT T. MOTES

Name of Contact Person

AMERICAN PLASTERING COMPANY OF NORTHEAST FLORIDA

Firm/ Company

108 LIBERTY CENTER PLACE

Address

SAINT AUGUSTINE, FL 32092

City/ State and Zip Code

jarrett@americanplastering.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT T. SMITH

Name of Contact Person

at (904) 803-2170

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



108 Liberty Center Place • St. Augustine, Florida 32092 • Office (904) 268-4833 • Fax (904) 819-9257
www.americanplastering.com

August 5, 2011

**Florida Department of State
Division of Corporations-Amendment Section
P. O. Box 6327
Tallahassee, FL 32314**

RE: Amending the Annual Return for 2010 and 2011

Dear Sirs:

As the sole stockholder and the President/Treasurer of American Plastering Company of Northeast Florida I would like to correct the erroneous filings of our last two annual reports, whereby Robin A. Motes appointed herself a director of the company without the approval of the stockholders or the directors of the company.

I have enclosed the necessary documents to replace the name of Robin A. Motes with R. Chris Graves as a director and secretary of the corporation for the annual reports of 2010 and 2011. Effective May 27, 2011 Robin A. Motes involvement with the company ceased in any and all respects.

Enclosed are the following documents to make the necessary changes to correct the false statement of fact that Robin A. Motes was ever a director of this corporation.

(1) Article of Amendment for a "For Profit Corporation"

(2) Copies of 2010n and 2011 Annual Corporate Returns

(3) Waiver of Notice of Special meeting of the stockholders of American Plastering Company of Northeast Florida

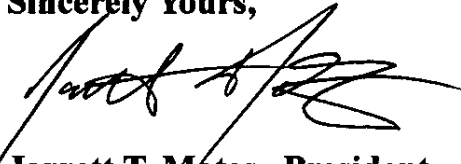
(4) The minutes of a Special Meeting of the stockholders held on August 5, 2011 at 7:30 PM.

(5) American Plastering Company of Northeast Florida check number 2285 in the amount of \$52.50

You have my authority to discuss anything regarding this change with our Mr. Robert T. Smith who is handling this matter for the company. He may be contacted at 904-803-2170.

Lastly, I would respectfully ask that you expedite this change as quickly as possible because it has caused the company a security problem with at least one of our vendors and represents a financial threat to American Plastering Company of Northeast Florida.

Sincerely Yours,

A handwritten signature in black ink, appearing to read 'Jarrett T. Motes', written over a horizontal line.

**Jarrett T. Motes, President
American Plastering Company of Northeast Florida**

JTM/rts

Articles of Amendment
to
Articles of Incorporation
of

AMERICAN PLASTERING COMPANY OF NORTHEAST FL

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

P97000060590

(Document Number of Corporation (if known))

FILED
2011 AUG -9 AM 10:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit 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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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

New Registered Office Address:

(Florida street 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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>ROBIN A. MOTES</u>	<u>108 LIBERTY CENTER PLACE</u> <u>SAINT AUGUSTINE, FL 32092</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>R. CHRIS GRAVES</u>	<u>2605 EDGEWOOD STREET</u> <u>PALATKA, FL 32177</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

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)

N/A

The date of each amendment(s) adoption: AUGUST 5, 2011

Effective date if applicable: MIDNIGHT OF AUGUST 5, 2011
(date of adoption is required)
(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):*

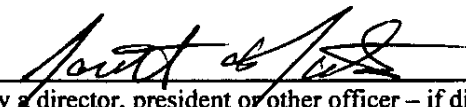
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated AUGUST 5, 2011

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)

JARRETT T. MOTES
(Typed or printed name of person signing)

PRESIDENT AND TREASURER
(Title of person signing)