P97000071943

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COVER LETTER

TO: Amendment Section Division of Corporations

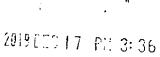
NAME OF CORPORATION: SOUTHER	AST CONTRACTORS OF NORTH FLORIDA, INC
DOCUMENT NUMBER: P97000071943	
The enclosed Articles of Amendment and for	
Please return all correspondence concerning	this matter to the following:
	TAHNEE M STEWART
-	Name of Contact Person
SOUTH	EAST CONTRACTORS OF NORTH FLORIDA, INC
-	Firm/ Company
	733 EDGE STREET, UNIT B
	Address
	FORT WALTON BEACH, FLORIDA 32547
	City/ State and Zip Code
т	AHNEE@SOUTHEASTCONTRACTORS.NET
E-mail address:	(to be used for future annual report notification)
For further information concerning this mat	ter, please call:
TAHNEE M STEWART	at () 830.1305 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Certificate of \$	· ,
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303

Articles of Amendment

to

Articles of Incorporation





SOUTHEAST CONTRACTORS OF NORTH FLORIDA, INC

(<u>Name of C</u>	Corporation as currently filed with the Flor	rida Dept. of State)
	P97000071943	
	(Document Number of Corporation (if kno	own)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this <i>Florida Profit Corpe</i>	oration adopts the following amendment(s) to
A. If amending name, enter the new nam	e of the corporation:	
		The new
	e word "corporation." "company," or "incorp p." "Inc," or "Co". A professional corpo the abbreviation "P.A."	
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, ente	er the name of the
Name of New Registered Agent	KATHLYN S CHANDLER	
	733 EDGE STREET, UNIT B	
_	(Florida street address)	
New Registered Office Address:	FORT WALTON BEACH	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chail I hereby accept the appointment as registere	·	obligations of the position.

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)

Please note the officer director title by the first letter of the office title

 $P = President; \ \Gamma = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief$ 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	WILLIAM J CHANDLER	733 EDGE STREET
Add			UNIT B
X Remove			FT WALTON BEACH, FL 32547
2) Change	þ	KATHLYN S CHANDLER	733 EDGE STREET
X Add			UNIT B
Remove 3.) Change			FT WALTON BEACH, FL 32547
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	

Ε.	If amending or	adding	additional	Articles.	enter	change(s) h	теге:

(Attach additional sheets, if necessary).

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		<u> </u>
	reclassification, or cancellation of issued shares, on if not contained in the amendment itself:	
	 	
		<u> </u>
		
	*	
	Page 3 of 4	
	DECEMBER 9th, 2019	
The date of each amendment(s) adoption:		, if other than th
date this document was signed.		
Effective date if applicable:	DECEMBER 18th, 2019	
	(no more than 90 days after amendment file date)	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	per 9th. 2019
(Signature)	other S. Chandler in ctor, president or other officer – if directors or officers have not been
· •	d, by an incorporator – if in the hands of a receiver, trustee, or other court
appoin	ted fiduciary by that fiduciary)
	KATHLYN'S CHANDLER
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)