

PA9000 052 815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



8003335019

09/09/19--01015--026

SEP 30 2019
S. YOUNG

SEP 30 2019
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2019

JIM CAMPBELL
JIM CAMPBELL CONST. INC
64 NE ACACIA TRAIL
JENSEN BEACH, FL 34957

SUBJECT: JIM CAMPBELL CONSTRUCTION, INC.
Ref. Number: P99000052815

We have received your document for JIM CAMPBELL CONSTRUCTION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 919A00019285

RECEIVED
2019 SEP 27 PM 12:27

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Jim Campbell Const. Inc.

DOCUMENT NUMBER: P99000052815

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

Please return all correspondence concerning this matter to the following:

Jim Campbell

Name of Contact Person

Jim Campbell Const. Inc.

Firm/ Company

64 NE Acacia Trail

Address

Jensen Beach Fl. 34957

City/ State and Zip Code

jimcampbellconst@yahoo.com

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

For further information concerning this matter, please call:

Jim Campbell

at (772)

263-0052

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:

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

Jim Campbell Construction Incorporated

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

P99000052815

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the follow
its Articles of Incorporation:

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

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
"Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name mus
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)

2619 SW Monterrey Lane

Port Saint Lucie, Florida 34953

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

2619 SW Monterrey Lane

Port Saint Lucie, Florida 34953

**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 Joseph Barrett

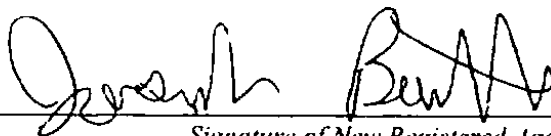
2619 SW Monterrey Lane, Port Saint Lucie, Florida 34953

(Florida street address)

New Registered Office Address: 2619 SW Monterrey Lane, Port Saint Lucie, Florida 34953
(City) (Zip)

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 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; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>pres</u>	<u>James Campbell</u>	<u>64 NE Acacia Trail</u>
<u> </u> Add			<u>Jensen Beach Fl. 3495</u>
<u>X</u> <u> </u> Remove			
2) <u>X</u> <u> </u> Change	<u>pres</u>	<u>Joseph Barrett</u>	<u>2619 SW Monterey Lar</u>
<u> </u> Add			<u>PSL Fl. 34953</u>
<u> </u> Remove			
3) <u> </u> Change	<u>VP</u>	<u>Joseph Barrett</u>	<u>2619 SW Monterey Lar</u>
<u> </u> Add			<u>PSL Fl. 34953</u>
<u>X</u> <u> </u> Remove			
4) <u>X</u> <u> </u> Change	<u>VP</u>	<u>James Campbell</u>	<u>64 NE Acacia Trail</u>
<u> </u> Add			<u>Jensen Beach Fl. 3495</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 9-23-2019, if
date this document was signed.

Effective date if applicable: _____
(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 the document's effective date on the Department of State's records.

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 Sept 23rd 2019

Signature James Campbell
(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)

JAMES CAMPBELL
(Typed or printed name of person signing)

President
(Title of person signing)