V68967

(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:

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11/21/16--01026--007 **25.00

12/14/16--01004--001 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2016 DEC 13 AM 10:54

DEC 14 2016

C LEWIS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2016

KERRY MCINTYRE / C.W. STRICKLAND INC
555 W. GRANADA BLVD G-9
ORMOND BEACH, FL 32174 US

SUBJECT: C.W. STRICKLAND, INC. STATE GENERAL CONTRACTOR
Ref. Number: V68967

We have received your document for C.W. STRICKLAND, INC. STATE GENERAL CONTRACTOR and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of $10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 516A00025204

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: C.W. STRICKLAND INC STATE GENERAL CONTRACTOR

DOCUMENT NUMBER: V 68967

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

Please return all correspondence concerning this matter to the following:

KERRY McINTYRE
Name of Contact Person

C.W. STRICKLAND INC
Firm/ Company

555 W. GRANADA BLVD G-9
Address

ORMOND BEACH FL 32136
City/ State and Zip Code

Kerry@CWSTRICKLANDROOFING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kerry McIntyre at (386) 631 5297
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

* $10 Because I originally sent a check for $25 AND WAS ERROUNEOSLY Refiling For LLC Rather than Corporation

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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C.W. STRICKLAND INC State General Contractor

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

V 68967

(Document Number of Corporation (if known)

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:

_____ *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:
(Principal office address MUST BE A STREET ADDRESS)

555 W. GRANADA BLVD G-9
ORMOND BEACH FL 32174

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

Same as ABOVE

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 Kerry McIntyre

555 W. GRANADA BLVD G-9
(Florida street address)

New Registered Office Address: ORMOND BEACH, Florida 32174
(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.

Kerry R. Murphy
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)
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.

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) X Change	V	Michael Martin	6260 NW 138th Pl Chiefland FL 32626
X Add			
____ Remove			
2) X Change	PD	Kerry McIntyre	555 W. Granada Blvd 6-9 Ormond Beach FL 32174
____ Add			
____ Remove			
3) ____ Change	____	Jason Hemenway	8451 NW 136th ST Chiefland FL 32626
____ Add			
X Remove			
4) ____ Change	____	Jeremy Tindall	15351 NW 74th Terr Chiefland FL 32626
____ Add			
X Remove			
5) ____ Change	____		
____ Add			
____ Remove			
6) ____ Change	____		
____ Add			
____ Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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Effective date if applicable: 11-1-16
(no more than 90 days after amendment file date)

2016 DEC 13 AM 10:54

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) **(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 12-7-16

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)

Kerry McIntyre
(Typed or printed name of person signing)

President / Director
(Title of person signing)