

147646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

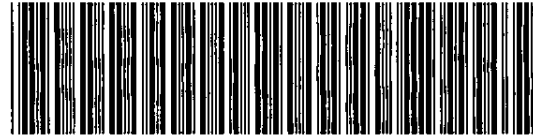
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 10 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 11 2013  
C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2014

RALPH LEE HELMS, JR  
4774 MIMOSA STREET  
BATON ROUGE, LA 70808

SUBJECT: RALPH HELMS CONSTRUCTION, INC.  
Ref. Number: W14000068623

We have received your document for RALPH HELMS CONSTRUCTION, INC. and check(s) totaling \$952.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$150.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$150.00 filing fee per year for the years through the current year.

Therefore, the total fee to file the reinstatement is \$1102.50. Add an additional \$8.75 for each certificate of status requested.

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 014A00024220

December 5, 2014

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Reinstatement Division  
2661 Executive Center Circle  
Clifton Bldg.  
Tallahassee, FL 32301

RE: Amendment for Name Change & Reinstatement  
Helms Construction Co.  
Document # 147646

Dear Sir:

In response to your letter of November 13, 2014, here is our firm check in the amount of \$150 representing the balance due to file the amendment for name change and reinstatement. We are enclosing your letter of November 13 along with our original letter of October 31 with attached documents.

Please do not hesitate to contact us if you have any questions; otherwise, we look forward to hearing from you soon.

Very truly yours,



Mark D. Mese

MDM/jsl

Enclosures

OCTOBER 31, 2014

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Reinstatement Division  
2661 Executive Center Circle  
Clifton Bldg.  
Tallahassee, FL 32301

RE: Amendment for Name Change & Reinstatement  
Helms Construction Co.  
Document # 12755-5

Dear Sir:

We represent Ralph Helms and/or Helms Construction Co. and we have been working with your Department on a name change and reinstatement. As instructed here are the Articles of Amendment to Articles of Incorporation of Helms Construction Co., along with the Corporation Reinstatement form, and our firm check in the amount of \$952.50 for costs.

Please do not hesitate to contact me if you have any questions; otherwise, we look forward to hearing from you soon.

Very truly yours,

Mark D. Mese (jpl)

Mark D. Mese

MDM/jsl  
Enclosures

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Helms Construction Co.

DOCUMENT NUMBER: 147646

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

Please return all correspondence concerning this matter to the following:

Ralph Lee Helms, Jr.

Name of Contact Person

Helms Construction Co.

Firm/ Company

4774 Mimosa Street

Address

Baton Rouge, LA 70808

City/ State and Zip Code

mark.mese@keanmiller.com

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

For further information concerning this matter, please call:

Mark Mese

Name of Contact Person

at 225 387-0999

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

Helms Construction Co.

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

147646

(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:

Ralph Helms Construction, Inc.

The 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:

(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 CT Corporation

1200 S. Pine Island Rd, Suite #250

(Florida street address)

New Registered Office Address: Plantation, Florida 33224  
(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

Angel Nunez  
Assistant Secretary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 DEC 00 AM 11:00  
FILED

**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:**

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	P	Ralph Lee Helms, Jr.	4774 Mimosa Street Baton Rouge, LA 70808
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <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)

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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)

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

Effective date if applicable: \_\_\_\_\_  
(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 10/31/14

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)

Ralph Lee Helms, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)