## Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001166463)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Prom:

Account Name Account Number : I20070000104

: JOHN M WICKER PA

Phone

Fax Number

: (239)939-2222 : (239) 939-2280

\*\*Enter the email address for this business entity to be used for ful annual report mailings. Enter only one email address please. \*\*

COR AMND/RESTATE/CORRECT OR O/D RESIGN SACKETT & FREI BUILDING CONTRACTORS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

04/27/2011 20:46 239-939-2260

COSTELLO ROYSTONSWIC EILED PAGE 82/8

HII DOO | GCH 3 Articles of Amendment

Articles of Incorporation

2011 APR 28 AM 10: 09
SECRETARY UT STATE

SACKETT & FREI BUILDING CONTRACTORS, INGALL AT (Name of Corporation as currently filed with the Florida Dept. of State)

P08000077685
(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:

on "Corp," "Inc," or "Construction," or the abbre	y," or "incorporated" or the o". A professional corporation viation "P.A."
(22)	
	<del></del>
	, enter the name of the
(Florida street address)	<u></u>
(City)	, Florida(Zip Code)
red Agent:	the obligations of the position.
(	office address in Florida, ice address:  (Florida street address)  (City)  ared Agent: In familiar with and accent

H 11 000 116646 3

PAGE 03/04

04/27/2011 20:46 239-939-2280

COSTELLO ROYSTON&WIC

PAGE 03/04

If amending the Officers and/or Directors, enter the til removed and title, name, and address of each Officer a (Attach additional sheets, if necessary)	de and name of each and/or Director being	officer/dire <u>udded:</u>	etor b	<u>olne</u>	
			_		_

<u>Title</u>	Name	Address	Type of Action
DVP	WILLIAM J. ROBARE	14888 STERLING OAKS OR NAPLES, FL 34110	☑ Add □ Remove
			☐ Add ☐ Romove
			☐ Add ☐ Remove
	e or adding additional Articles, enter o tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss of contained in the amendment is	ued sbares. self:
- MANAGE - CONTRACTOR - CONTRAC			
			*

04/27/2011 20:46 239-939-2280

COSTELLO ROYSTON&WIC

PAGE 04/04

The dote of each amondmen	t(s) adoption: MARCH 31, 2011  (date of adoption is required)
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s
The amendment(s) was/we must be separately provide	are approved by the shareholders through voting groups. The following statement of 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)
	(voting group)
action was not required.	re adopted by the beard of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder
action was not required.	the supplied by the incorbotators without avareholder action and avareholder.
Dated APR	RIL 27, 2011
Signature	
( <b>B</b> y	a director, president or other officer - if directors or officers have not been
8c) e	ected, by an incorporator - if in the hands of a receiver, trustee, or other count
арр	ointed fiduciary by that fiduciary)
	DAVID SACKETT
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)