P03000099144

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | dress) | |
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Cit | ty/State/Zip/Phone | · • #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B u | isiness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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2010 AUG 30 PH 2: 05
SECRETARY OF STATE
ALLAHASSEE, EI OBIO,

Amend

TB

AUG 3 1 2010

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | D.K. Anderson Masonry | <u>Inc</u> |
|----------------------------|--|---|---|
| DOCUMENT NU | MBER: | PO3000099144 | · |
| The enclosed Artic | les of Amendment and fee a | are submitted for filing. | |
| Please return all co | rrespondence concerning th | is matter to the following: | |
| | | Christine Anderson | |
| | ν. | Name of Contact Person | |
| | D.K. / | Anderson Masonry Inc | |
| | | Firm/ Company | |
| | { | 399 SW Daisy Rd | |
| • | | Address | |
| | L | ake City, FL 32024 | |
| • | | City/ State and Zip Code | |
| | Tina3 | 5@Hotmail.com d for future annual report notification) | |
| | D-man address. (to be use | o for facult annual report notification) | |
| For further informa | ation concerning this matter, | please call: | |
| Ch | ristine Anderson | at (386)75 | 2-0382 |
| Name | of Contact Person | Area Code & Daytime Tele | phone Number |
| Enclosed is a checl | c for the following amount n | nade payable to the Florida Departi | ment of State: |
| | \$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 Ac | | Street Address | |
| Amendmen | | Amendment Section | |
| | Corporations | Division of Corporations | |
| P.O. Box 63 Tallahassee | | Clifton Building 2661 Executive Center Circle | |
| * 41141141200 | JAJIT | AUUT EAGEBUYG CEHIGI CHUR | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| 1 | Articles of Incorporation of | 20/0 AV E C |
|---|--|----------------|
| | D.K. Anderson Masonry, Inc | 18 36 Ca 30 D |
| | (Name of Corporation as currently filed with the Florida Dept. of State) | AHARAY PH 2. A |
| | PO300099144 | SEE CH. ST. |
| | (Document Number of Corporation (if known) | TORICE. |

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

| ame must be distinguishable and contain obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro | e designation "Corp," "Inc," | or "Co". A professional corpora |
|--|--|---|
| • | • | e avoreviation F.A. |
| Enter new principal office address, if apprincipal office address <u>MUST BE A STREE</u> | | |
| 1 33 | | |
| | | |
| Enter new mailing address if annihably | | |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) | | |
| • | | |
| | | |
| | | <u>, , ,, , , , , , , , , , , , , , , , ,</u> |
| | | |
| . If amending the registered agent and/or new registered agent and/or the new reg | | Torida, enter the name of the |
| new registered agent and/or the new reg | | Florida, enter the name of the |
| | | Torida, enter the name of the |
| new registered agent and/or the new registered Agent: | istered office address: | · |
| new registered agent and/or the new reg | | · |
| new registered agent and/or the new registered Agent: | istered office address: (Florida street add | iress) , Florida |
| new registered agent and/or the new registered Agent: | istered office address: | iress) |
| new registered agent and/or the new registered Agent: | (Florida street add (City) | ress) , Florida (Zip Code) |

Page 1 of 3

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)

| <u>Title</u> | Name | Address | Type of Action |
|-----------------|--|---|-----------------------------------|
| Treasu | Joshua Anderson | 300 SW Merciful Pl Ft White, Fl 32038 | |
| | | | ☐ Add Remove |
| | | | |
| (attach a | ding or adding additional Articles dditional sheets, if necessary). (B | e specific) | |
| **** | | | |
| <u>provisio</u> | nendment provides for an exchanons for implementing the amendmot applicable, indicate N/A) | ge, reclassification, or cancellation tent if not contained in the amend | of issued shares, ment itself: |
| | | | |
| | | , | |
| | | | |

| The date of each amendment | |
|--|--|
| 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/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re 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 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| <u> </u> | (voting group) |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated_08/2 | 7/2010 |
| Signature | Christine anderson |
| | a director, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Christine Anderson |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |