## P0700016773

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SECRETARY OF STATE



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Nobles Plant Construction & Underground, Inc.				
DOCUMENT NUMBER: POTOCOOL		3		
The enclosed Articles of Amendment and fee are si	abmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
<u> </u>	Lott			
Name of Contact Person				
Nobles Plant Construction & Underground, Inc.				
	Address			
Alva. FL	33920			
	City/ State and Zip Code			
0.0.117	>> A 0 A 1 II			
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, plea	se call:			
Lucia de 1 mil	000	10117055		
Name of Contact Person		W94-7255  Daytime Telephone Number		
		•		
Enclosed is a check for the following amount made	payable to the Florida Departme	ent of State:		
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Add	ress		
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		itive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Nodes Plant Construction	n = Undergn	und, Inc.		
(Name of Corporation as cur	rrently filed with the	Florida Dept. of State)		
<u> </u>				
(Document N	umber of Corporation	(if known)		<del></del>
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this	s Florida Profit Corporation ad	opts the foll	owing amendment(s) to
A. If amending name, enter the new name	of the corporation:			
ΝА				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association  B. Enter new principal office address, if a	n "Corp," "Inc," or ," or the abbreviation	"Co". A professional corporal		he abbreviation
(Principal office address MUST BE A STRE		·		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		NA	URE TUR	
D. If amending the registered agent and/o	r registered office add	tress in Florida, anter the nam	e of the	
new registered agent and/or the new re			SS 4	ن السه
Name of New Registered Agent	NA		ून ८	-
	(Florida s	treet address)		
New Registered Office Address:	NA	, Florida_		
	(City	<i>)</i>	(Zip Cod	(e)
<u></u>		with and accept the obligations	of the posit	tion.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	5	Adams, Linda	1133 Wedgeworth Rd. Belle Glade, FL 33430
Remove  2) Change  Add	_5	Nobles, Casey	20031 Luckey Lee Lane Alva, FL 33920
Remove 3) Change Add Remove			
4) Change		——————————————————————————————————————	<del></del>
7 Remove  5) Change Add Remove	· · · · · · · · · · · · · · · · · · ·		
6) Change			
Remove			

	les, enter change(s) here: (Be specific)		
NA			
[17]			
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lf an amendment provides for an exch	nge, reclassification, or ca	ncellation of issued share	<u>S.</u>
	dment if not contained in t	he amendment itself:	<del>-</del>
provisions for implementing the amer			
(if not applicable, indicate N/A)			
provisions for implementing the amer			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adoption: May 15+ 2014 date this document was signed.	, if other than the
Effective date if applicable: May 15+ 2014 (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 5/1/14 Signature Sulmda Lott	
(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)	<b></b>
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>