## P0800011019

| (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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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                     | RATION: Delta Estimating &                  | & Appraisal, Inc.                            |  |  |  |  |
|-----------------------------------|---|--|--|--|--|--|
|                                   | BER:  |  |  |  |  |  |
|                                   | s of Amendment and fee are su               | ibmitted for filing.                         |  |  |  |  |
| Please return all corre           | espondence concerning this ma               | tter to the following:                       |  |  |  |  |
|                                   | Robert J. Norton                            |  |  |  |  |  |
|                                   |   | Name of Contact Perso                        | n  |  |  |  |
|                                   |   | Firm/ Company                                |  |  |  |  |
|                                   | 1808 James L Redman Pkwy, Suite 391         |  |  |  |  |  |
|                                   | Address                                     |  |  |  |  |  |
|                                   | Plant City, FL 33563                        |  |  |  |  |  |
|                                   |   | City/ State and Zip Cod                      | e  |  |  |  |
| bob(                              | @robertjnorton.com                          |  |  |  |  |  |
| ;                                 | E-mail address: (to be us                   | sed for future annual report                 | notification)  |  |  |  |
| For further information           | on concerning this matter, pleas            | se call:                                     |  |  |  |  |
| Robert Norton                     |   | at (813                                      | 757-6450   |  |  |  |
| Name of Contact Person            |   | Area Co                                      | de & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for           | or the following amount made                | payable to the Florida Depa                  | artment of State:  |  |  |  |
| \$35 Filing Fee                   | □\$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section |   |  | Address  |  |  |  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation** of

| DELTA ESTIMATING & APPRAISAL   | ., INC.                      |                           |   |
|--|------------------------------|---------------------------|---|
| ( <u>Name</u>  | of Corporation as curren     | tly filed with the Flori  | la Dept. of State)                      |
| P08000111019   |                              |                           |   |
|  | (Document Number             | of Corporation (if know   | n)                                      |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, thi | is Florida Profit Corpor  | ation adopts the following amendment(s) |
| A. If amending name, enter the new n   | ame of the corporation:      |                           |   |
| General Construction Consulting, Inc.  |                              |                           | The new                                 |
| name must be distinguishable and con<br>"Corp.," "Inc.," or Co.," or the design<br>word "chartered," "professional associo | nation "Corp," "Inc," or     | "Co". A professional      | incorporated" or the abbreviation       |
| B. Enter new principal office address,   | if applicable:               | n/a                       |   |
| (Principal office address MUST BE A S  |                              | <del></del>               |   |
|  |                              |                           | 悪量力                                     |
| C. Enter new mailing address, if appl<br>(Mailing address MAY BE A POST  |                              | n/a                       |   |
| :  |                              |                           | 5 TO                                    |
| D. If amending the registered agent ar<br>new registered agent and/or the ne   |                              |                           | the name of the                         |
| Name of New Registered Agent   | n/a                          |                           |   |
| <u></u>  |                              |                           | · · · · · · · · · · · · · · · · · · ·   |
|  | (Florida s                   | street address)           |   |
| New Registered Office Address:   | n/a                          | ,                         | . Florida                               |
| New Registered Office Address.   |                              | (City)                    | (Zip Code)                              |
|  |                              |                           |   |
| New Registered Agent's Signature, if c   |                              |                           |   |
| I hereby accept the appointment as regist  | tered agent. I am familiar   | r with and accept the obi | igations of the position.               |
|  |                              |                           |   |
|  |                              |                           |   |
|  | Signature of New             | Registered Agent if the   | waina                                   |

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>\$V</u>   | Sally Smith |         |
| Type of Action<br>(Check One) | <u>Title</u> | Name        | Address |
| 1) Change                     |              |             | n/a     |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 2) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| <sup>'</sup> 3) Change        |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 4) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| 5) Change                     |              |             |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |
| Kemove                        |              |             |         |
| 6) Change                     |              | _           |         |
| Add                           |              |             |         |
| Remove                        |              |             |         |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| n/a   |
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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)      |
| 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)   |                              |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.  | te will not be listed as the |
| Adoption of Amendment(s) ( <u>CHECK ONE</u> )  |                              |
| ☐ 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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):   | nt                           |
| "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 shareholde action was not required.  ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | г                            |
| action was not required.   |                              |
| Dated  |                              |
| (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 courappointed fiduciary by that fiduciary)   | t                            |
| Robert J. Norton   |                              |
| (Typed or printed name of person signing)  |                              |
| President  |                              |
| (Title of person signing)  |                              |