P11000100760

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COVER LETTER

• TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TRINITY SITE C	ONSTRUCTION, INC.				
DOCUMENT NUMBER: P11000100760					
The enclosed Articles of Amendment and fee are su	ibmitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
ROBERT W. GUY, JR.	ame of Contact Person				
	ame of Comact Ferson				
STEIN & GUY, P.C. Firm/ Company					
P.O. Box 5130					
	Address				
St. Marys, GA 31558	2.40 12' 0.1				
Ci	ity/ State and Zip Code				
stein8@tds.net	sed for future annual report	notification			
E-mail address. (to be the	sed for ruture annual report	notification)			
For further information concerning this matter, plea	se call:				
Sue Underwood	at (912				
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:			
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301			

Articles of Amendment to Articles of Incorporation of

TRINITY SITE CONSTRUCTION, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P11000100760 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follow amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: TRINITY FABRICATION, INC. The new 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 <u>MUST BE A STREET ADDRESS</u>) 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: (Florida street address) New Registered Office Address: (City) 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

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Address Title(s) Name 1)_____ 2)____ 3)____ 5)____ 6)____ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name Title(s) <u>Name</u> 1)____ 4)____ 2)____

3)____

6)____

L. <u>If amending or adding additional Art</u> (attach additional sheets, if necessary).	(Be specific)	<u> </u>		
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