## P18 0000 16466

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D&D	CAT CONST	TRUCTION CORP
DOCUMENT NUMB	er: P18000	016466	TRUCTION CORP
The enclosed Articles	of Amendment and fee are si		
Please return all corres	pondence concerning this ma	atter to the following:	
			e
_	David M.	CAHett	
	•	Name of Contact Person	n
	DED CAT Cons	truction	
-	<i>p v i i i i i i i i i i</i>	Firm/ Company	
	109 11- 16	T-	
-	in woodsur	Address	
	C C	CLOUICE	
-	SAVELY THISOT	City/ State and Zin Cod	e
		City/ Brate and Zip Cod	<b>C</b>
<del></del>		sed for future annual report	
		at (	)
Name o	f 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 & 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)
Mail	ing Address	Street	Address
Amendment Section		Amend	lment Section
	sion of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DID CAT CONSTI	RUCTION CORP		
(Name of Corpor	ration as currently filed with the Florida Dept. of State)		_
P18000016466	cument Number of Corporation (if known)		
(Do	cument Number of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following am	endment(s)	to
A. If amending name, enter the new name of the	e corporation:		
	The	new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbre orp," "Inc," or "Co". A professional corporation name must conte	viation	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		<del></del>	
(Frincipul office address MOST BE A STREET A	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
	ALLA ALLA		
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the name of the	-7	
Name of New Registered Agent	eu onice aduress:	AH 9:	1
		30	
	(Florida street address)		
New Registered Office Address:	(City) , Florida (Zip Code)		
	(5.9)		
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered Agent: u. I am familiar with and accept the obligations of the position.		
	<b>, .</b>		
	ionature of New Registered Agent if changing		

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.

X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	D	George Trevillian	
Add			APT C
Remove			TAMPA, Fl. 33614
2) Change	<u>D</u>	Alec Konyha	3153 DHARA DR
Add			New Port Richey, F
Remove	~	0 1	34668
3) Change	$\mathcal{D}_{-}$	Patrick J. Roche	
$X_{Add}$		•	SAFety HArbor, FI
Remove			34695
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
<del></del>	
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself:
(if not applicable, indicate N/A)	

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 date will document's effective date on the Department of State's records.	l not be listed as the
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 6/5/19 Signature David M. Call	
(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)	
DATE CATURIT HE	18/10
(Typed or printed name of person signing)	
PRESID GUT	
(Title of person signing)	