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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 6, 2010

ASH FARID A-CHALET CONSTRUCTION INC. 2323 SR 580, SUITE B CLEARWATER, FL 33763

SUBJECT: A-CHALET CONSTRUCTION INC.

Ref. Number: P93000060763

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000032273.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 710A00016305

2010 JUL 19 AM 8: 00
SECRETARY OF STATE
TALL AHASSEE F. STATE

COVER LETTER

TO: Amendment Section Division of Corporations

| • | | |
|--|---|--|
| NAME OF CORPORATION: A - Chale | t Construction, I | Inc. |
| DOCUMENT NUMBER: 600166 | 900345 | |
| The enclosed Articles of Amendment and fee are | e submitted for filing. | |
| Please return all correspondence concerning this | matter to the following: | |
| | Favid me of Contact Person | |
| A-Chalet Const | ruction, Inc. Firm/Company | |
| 2323 SR 580, | Suite B Address | |
| Clearwater, FL | - 33763 y/ State and Zip Code | |
| E-mail address: (to be used | omsn.com for future annual report notification) | |
| For further information concerning this matter, p | please call: | |
| Chantal Korkis Name of Contact Person | at (727) 771 - (o Area Code & Daytime Tele | 377 phone Number |
| Enclosed is a check for the following amount ma | ade payable to the Florida Departr | ment of State: |
| \$35 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | , |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| A-Chalet Construction | n Inc. | | |
|---|---------------------------------|----------------------|--|
| (Name of Corporation as currently filed wi | th the Florida Dept. (| of State) | |
| • | | | |
| (Document Number of Corpo | ration (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Stramendment(s) to its Articles of Incorporation: | atutes, this <i>Florida P</i> i | rofit Corporation ac | dopts the following |
| A. If amending name, enter the new name of the corpora | tion: | | |
| ACI Design & Build, Inc. name must be distinguishable and contain the word "c abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asse | "Corp," "Inc," or "C | Co". A professional | The new ated" or the l corporation |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | NIA | | <u> </u> |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | NIA | | 19 PM 1:12 |
| D. If amending the registered agent and/or registered off new registered agent and/or the new registered office | | a, enter the name o | f the |
| Name of New Registered Agent: | | | |
| New Registered Office Address: (Fo | lorida street address) | | |
| - | | , Florida | |
| (Ci | ity) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for | amiliar with and accep | | the position. |
| Signature of N | lew 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|----------------|--|----------|----------------|
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| | ding or adding additional Articles, ended additional sheets, if necessary). (Be specified as the specified a | | |
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| | · | | |
| <u>provisi</u> | mendment provides for an exchange, I ons for implementing the amendment not applicable, indicate N/A) | | |
| | | <u> </u> | |
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| | | | |

| The date of each amendment | (s) adoption: 1 une 20, 2010 |
|---|---|
| | (date of adoption is required) |
| Effective date <u>if applicable</u> : | Tune 28, 2010 (no more than 90 days after amendment file date) |
| | (no more than 90 days'after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement d 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/wer action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Dated 6 | 128 kolo |
| Signature (By | a director, president or other officer – if directors or officers have not been |
| sele | cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |
| | Ashraf Farid (Typed or printed name of person signing) |
| * | President (Title of person signing) |