

P97000073367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

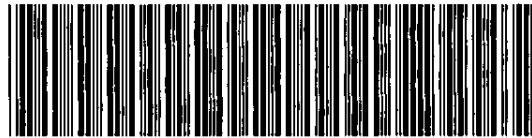
(Business Entity Name)

(Document Number)

Certified Copies  Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



600240906926

10/19/12--01007--023 \*\*52.50

2012 OCT 31 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2012 OCT 31 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature

11-5-12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** W. J. JONES MASONRY, INC.

**DOCUMENT NUMBER:** P 97000073367

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WALTER J. JONES  
Name of Contact Person  
CORNERSTONE MASONRY STRUCTURES, INC.  
Firm/ Company  
1238 NORTHWEST 5<sup>TH</sup> AVENUE #2  
Address  
JOEL LAUDERDALE, FL 33311  
City/ State and Zip Code  
W. JONES 5075 @ YAHOO. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WALTER J. JONES at (954) 773-3193  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2012

WALTER J. JONES  
CORNERSTONE MASONRY STRUCTURES, INC.  
1238 NORTHWEST 5TH AVENUE #2  
FT. LAUDERDALE, FL 35311

SUBJECT: W.J. JONES MASONRY, INC.  
Ref. Number: P97000073367

We have received your document for W.J. JONES MASONRY, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

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) 245-6050.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 612A00025876

RECEIVED  
12 OCT 31 AM 10:18  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

W. J. JONES MASONRY, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P 97006013367

(Document Number of Corporation (if known))

FILED  
2012 OCT 31 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

CORNERSTONE MASONRY STRUCTURES, 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 MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**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

The date of each amendment(s) adoption: OCTOBER 29, 2012

Effective date if applicable: \_\_\_\_\_  
(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)

- W.T.J.**  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 OCTOBER 29, 2012

Signature WALTER J. JONES  
(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)

WALTER J. JONES  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)