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DEC 14 2018
S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Cranite Profession	al House Inc.		
DOCUMENT NUMBE	P15000007782			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
C	ourtney Williford			
	Name of Contact Person Vicki Middlekauff CMA, PA			
<u>.</u>	Firm/ Company			
I	555 Kingsley Ave., Ste. 305	, ,		
_		Address		
-	range Park, FL 32073	City/ State and Zip Cod		
For further information (concerning this matter, plea-	se call:		
Courtney Williford		at (
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		Amene Divisie Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Articles of Amendment to Articles of Incorporation

to

(Zip Code)

Granite Professional House Inc.					
(Name)	of Corporation as curren	tly filed with the Florida Dept. of S	tate)		
P15000097282					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts	the following	amendi	ment(s)
A. If amending name, enter the new na	ame of the corporation:				
					eu.
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	nation "Corp," "Inc," or tion," or the abbreviation if applicable:	"Co". A professional corporation			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)			TALL AHASSEE, FLOW	18 DEC 10 BH 3:5	- - - - - - - - -
D. If amending the registered agent an			the 💆	53	
new registered agent and/or the new	w registered office addres	<u>ss:</u>			
Name of New Registered Agent	Roberto Silveira Jr.				
	4970 Crescent Technical	Ct.			
	(Florida s	treet address)			
New Revistered Office Address:	St. Augustine	, Flor	32086 ida		_

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.

Signifure of New Registered Agent, if changing

(City)

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; V = 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 Doc 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change	P	Savio M. Valinho	4970 Crescent Technical Ct.
Add			St. Augustine, FL 32086
X Remove			
2) X Change	P	Roberto Silveira Jr.	4970 Crescent Technical Ct.
Add			St. Augustine, FL 32086
Remove			
3 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Arti</u> (Attach additional sheets, if necessary).	(Be specific)
F. If an amendment provides for an eych provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s):	adoption:	if other than the
date this document was signed.	1. 15 7010	
De Effective date <u>if applicable</u> :	cember 15, 2018	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date widepartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	at for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
	-01-18	
Signature	Typerroqui	<u></u>
	director, prosident or other officer – if directors or officers have not been each by an incorporator – if in the hands of a receiver, trustee, or other court	
	nted fiduciary by that fiduciary)	
	SAVIO VALILIA	
	(Typed or printed name of person signing)	
	1R691 DELT	
	(Title of person signing)	