# 219903

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL .    |
| (Bu                     | siness Entity Nan  | ne)       |
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| Special Instructions to | Filing Officer:    | ,         |
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10 JUL -6 PH 1: 13

SECRETARY OF STATE ALLAHASSEE, FLORIBA

Amend

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR  | RATION: A. Mo                              | Bride Concrete and Moa  | asnry, Inc.   |
|---|--|---|---|
| DOCUMENT NUME   | MENT NUMBER: 219963                        |   | · · · · · · · · · · · · · · · · · · ·   |
| The enclosed Articles   | of Amendment and fee are                   | e submitted for filing.   |   |
| Please return all corres  | spondence concerning this                  | matter to the following:  |   |
|   | Ge   | erald T. McBride  |   |
|   | Nai  | me of Contact Person  |   |
|   |  |   | ,   |
|   | A. McBride C                               | Concrete and Masonry,Inc.   |   |
|   |  | Firm/ Company   |   |
|   |  | •   |   |
|   | 621  | 10 44th Street N.   |   |
|   |  | Address   |   |
|   |  |   |   |
|   |  | as Park, FL 33781   | <del></del>   |
|   | City                                       | // State and Zip Code ·   |   |
|   | mcbrideconcre                              | te@tampabay.rr.com for future annual report notification)   | ,   |
|   | is-man address. (to be ased                | •   |   |
| For further information   | n concerning this matter, p                | lease call  |   |
|   |  |   |   |
|   | d T. McBride<br>Contact Person             | at ( 727 ) 7  Area Code & Daytime Te  | /42-014/  |
| name of C   | onact reison                               | Area Code & Daytine Te  | nephone Number  |
| Enclosed is a check fo  | r the following amount ma                  | de payable to the Florida Depar   | rtment of State:  |
|   | \$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 Se Division of Co P.O. Box 6327 Tallahassee, FI | ection<br>rporations                       | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301 | ļe <sub>.</sub>   |

#### **Articles of Amendment**

to

### Articles of Incorporation

| A. McBride  | Concrete.  | And Maso   | onry, In           |
|---|--|--|--------------------|
| (Name of Corporation as curr  | ently filed with the Florida                         | Dept. of State)  | •                  |
|   | 19903  |  |                    |
| (Document Nur   | mber of Corporation (if know                         | vn)  |                    |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:  | 6, Florida Statutes, this Flo                        | orida Profit Corporation add   | opts the following |
| A. If amending name, enter the new name o   | f the corporation:                                   |  |                    |
|   |  |  | The new            |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | designation "Corp," "Inc,                            | " or "Co". A professional of   | ed" or the         |
| B. Enter new principal office address, if app   |  |  | _ 7S               |
| (Principal office address <u>MUST BE A STREE</u>  | <u>ST ADDRESS</u> )                                  |  | S FA               |
|   |  | · <del>············</del>  | HATTER TO          |
|   | <del></del>  |  | - 6                |
| C. Enter new mailing address, if applicable   |  |  | R FLS              |
| (Mailing address <u>MAY_BE A POST OFFI</u>  | <u> </u>   |  | - : 5              |
|   |  | to the Manager of the Control of the | _ 🐷 💆              |
|   |  |  | <del>_</del>       |
| D. If amending the registered agent and/or in new registered agent and/or the new registered.                                       |  | Florida, enter the name of   | <u>the</u>         |
|   | stered office address.                               | •  |                    |
| Name of New Registered Agent:   | 100  | <del> </del>   |                    |
|   |  | •  |                    |
| New Registered Office Address:  | (Florida street ac                                   | ldress)  |                    |
| •   |  | , Florida  |                    |
|   | (City)   | (Zip Code)   |                    |
| New Registered Agent's Signature, if changi<br>I hereby accept the appointment as registered a                                      | ng Registered Agent:<br>agent. I am familiar with ar | nd accept the obligations of th  | ne position.       |
|   | Signature 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)

| <u>Title</u>            | <u>Name</u>  | <u>Address</u>                                  | Type of Action  |
|-------------------------|--|---|-----------------|
| <u>VP</u>               | Mark T. McBride  | 13810 Oak Forest Blvd. N.<br>Seminole, FL 33776 |                 |
| VP                      | Dona L. McBride  | 645 Saxony Blvd.<br>St. Petersburg, FL 33716    | □ Add<br>Remove |
| <u>VP</u>               | James B. White   | 8910 Commodor Dr.<br>Seminole, FL 33776         |                 |
| E. If amen<br>(attach a | ding or adding additional Articles, end dditional sheets, if necessary). (Be specified (Be specified)) | nter change(s) here:<br>pecific)                |                 |
|                         |  |   |                 |
| <u>provisi</u>          | mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)     |   |                 |
|                         | ·  |   | ,               |
|                         |  |   |                 |
|                         |  |   |                 |
| <u> </u>                |  |   |                 |

| The date of each amendmen                        | t(s) adoption: July 1, 2009   |
|--|---|
| Éffective date <u>if applicable</u> :            | (date of adoption is required)  |
|  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                         | (CHECK ONE)   |
|  | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
|  | ere approved by the shareholders through voting groups. The following statement and 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   | ."  |
| , <u> </u>                                       | (voting group)  |
| action was not required.                         | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated_July                                       | 1, 2009<br>4. 11 T mc Rid.  |
| sele   | a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | Gerald T. McBride   |
|  | (Typed or printed name of person signing)   |
|  |   |
|  | President '   |
|  | (Title of person signing)   |