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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: C. W. Roberts Contracting, Incorporated DOCUMENT NUMBER: 493846 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert P. Flowers Name of Contact Person C. W. Roberts Contracting, Incοrporated Firm/ Company 3372 Capital Circle NE Address Tallahassee, FL 32308 City/ State and Zip Code bdelisle@constructionpartners.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Robert Delisle at (850) 385-5060

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

C. W. Roberts Contraction	s currently filed with the Florida Dept	t of State)	_
493846	s currently med with the Florida Dep	i. or State)	
	nt Number of Corporation (if known)		_
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	nation "Corp," "Inc," or "Co". A protion," or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX	ofessional corporation name must	- 3 SS S
D. If amending the registered agent an new registered agent and/or the new		ida, enter the name of the	
Name of New Registered Agent	Robert P. Flowers		
- tame of the tregular cutting cin	3372 Capital Circle NE		
	(Florida street address)		
New Registered Office Address:	Tallahassee	, Florida_32308	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if colored in the street			

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.

Example: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PD	Charles W. Roberts, III	15647 Hales Place Plantation Road
Add			Tallahassee, FL 32312
X Remove			
2) Change	VP	George A. Roberts	3510 Foxrun Blvd
Add			Panama City, FL 32408
X Remove	_		
3) Change	S	Christopher D. Sumner	3134 Lakeview Point Road
Add			Quincy, FL 32351
X Remove			
4) Change	Р	Robert P. Flowers	3372 Capital Circle NE
X Add			Tallahassee, FL 32308
Remove			
5) Change	S-CF	Robert Delisle	5117 High Pointe Dr
X Add			Pensacola, FL 32505
Remove			
6) Change	VP	Alan Palmer	290 Healthwest Dr
X Add			Dothan, AL 36303
Remove			

	mending or addin ach <i>additional shee</i>	ets, if necessary).	(Be specific)	inge(s) here.			
							
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							. <u></u>
If a	n amendment pro ovisions for imple (if not applicable	ementing the amo	hange, reclassi endment if not	fication, or cand	cellation of issue amendment i	ued shares, tself:	
			-				

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
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.	s)
☐ 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):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/11/13	
Signature ()	
(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 courappointed fiduciary by that fiduciary)	t
appointed fiduciary by that fiduciary)	
CHRISTOPHER D. SUMEER	
(Typed or printed name of person signing)	
STELEMEN	
(Title of person signing)	

the