503724

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Smith & Hudson Interiors, Inc.			
DOCUMENT NUMBER: 503724				
The enclosed Articles of Amendme	ut and fee are submitted for filing.			
Please return all correspondence co	cerning this matter to the following:			
	T. I . I .			
	Tod Hudson Name of Contact Person			
	Smith & Hudson Contracting, Inc. Firm/ Company 6002 Bonacker Dr. Building B Address			
	Tampa FL 33610 City/ State and Zip Code			
E-mail	Tod @ Smith and hudson. com ddress: (to be used for future annual report notification)			
For further information concerning	•			
Tod Hudson	at (8/3) 626-7709 Son Area Code & Daytime Telephone Number			
Name of Contact Pe	son Area Code & Daytime Telephone Number			
Enclosed is a check for the following	g amount made payable to the Florida Department of State:			
-	S Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Sect Division of Corpo P.O. Box 6327	rations Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 3	2314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Smith & Hadson Interiors, ?	Inc.
(Name of Corporation as currently	filed with the Florida Dept. of State)
503724	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Smith & Hudson Contracting,	Inc. The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	707
	(
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Maining diddess MAT BL AT OST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	t 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 wi	th and accept the obligations of the position.
Signature of New Res	istered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten	

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: X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	_S_	Cindy Hudson	2942 Hickory Grove Dr.
_X Add		,	Valrico, FL 33596
Remove			
2) Change		CHAD JACKSON	2942 HICKORY GROVE DR
_ <u>X_</u> Add			VALPICO, FL 33596
Remove 3) Change	CEO	TOD HUDSON	34 DOLPHIN DR
X_ Add			TREASURE ISLAND
Remove			FL 33706
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

C. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
(intain additional intent, y necessary).	(20 3) 009,107
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If an amendment provider for an eve	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date widocument's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ 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)	
Dated_x (6.29.20	
Signature x	
(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)	
(Typed or printed name of person signing)	
Y PRESIDENT (Title of person signing)	