634506

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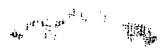
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MAR 27 2018 C MICNAIR

COVER LETTER



TO: Amendment Section Division of Corporations

2018 MAR 26 AM ER & 6

| NAME OF CORPO | RATION: Environmental Eng | gineering Consultants, Inc. | | | |
|--|---|--|--|--|--|
| DOCUMENT NUM | 62.4506 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre | spondence concerning this ma | tter to the following: | | | |
| | Ann F. Wallace | | | | |
| | | Name of Contact Person | n | | |
| | Environmental Engineering Consultants, Inc. | | | | |
| | | Firm/ Company | | | |
| | 5119 N. Florida Ave. | | | | |
| | Address | | | | |
| | Tampa, FL 33612 | | | | |
| | | City/ State and Zip Cod | e | | |
| awall | ace@eec-tampabay.com | | | | |
| | | sed for future annual report | notification) | | |
| | | | | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| Ann F. Wallace | | at (⁸¹³ | de & Daytime Telephone Number | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | or the 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, FL 32314 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Environmental Engineering Consultants, Inc.

2010 MAR 26 AH 702 4 8

| (Name o | of Corporation as currentl | y filed with the Florid: | a Dept. of State) |
|--|------------------------------|--------------------------|--|
| 634506 | | | |
| | (Document Number o | Corporation (if known |) |
| Pursuant to the provisions of section 607. its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corpora | tion adopts the following amendment(s) |
| A. If amending name, enter the new na | me of the corporation: | | |
| name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp," "Inc," or " | Co". A professional c | |
| B. Enter new principal office address, (Principal office address MUST BE A S | | | |
| C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an | OFFICE BOX) | ess in Florida, enter th | he name of the |
| new registered agent and/or the nev | | <u>.</u> | |
| Name of New Registered Agent | Ann F. Wallace | | |
| | 5119 N. Florida Ave | | |
| | (Florida str | eet address) | |
| New Registered Office Address: | Tampa | | , Florida |
| | | (City) | (Zip Code) |
| New Registered Agent's Signature, if cl I hereby accept the appointment as regist | ered agent. I am familiar v | | |

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 | <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> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | Robert E Wallace III | 5119 N Florida Ave |
| Add | | | Tampa, FL 33603 |
| X Remove | | | |
| 2) X Change | P | Ann F Wallace | 5119 N Florida Ave |
| Add | | | Tampa, FL 33603 |
| Remove | | | |
| 3) Change | <u>s</u> | Michael J Nolan | 5119 N Florida Ave |
| X Add | | | Tampa, FL 33603 |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | (Be specific) |
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| | nange, reclassification, or cancellation of issued shares, and in the amendment itself: |
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| | adoption: | , if other than the |
|--|--|----------------------------------|
| date this document was signed. | | |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this Department of State's records. | s date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were and by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment sufficient for approval. | ent(s) |
| | pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s): | ement |
| | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were action was not required. | dopted by the board of directors without shareholder action and shareholder | older |
| ☐ The amendment(s) was/were action was not required. | dopted by the incorporators without shareholder action and shareholder | : |
| 03/22/20 | | |
| Dated | John William St. 16 Comments | |
| Signatura | Cami INollice | |
| (By a | director, president or other officer - if directors or officers have not be | een |
| select | ted, by an incorporator – if in the hands of a receiver, trustee, or other of | court |
| appoi | inted fiduciary by that fiduciary) | |
| | Ann F Wallace | |
| | (Typed or printed name of person signing) | |
| | Secretary | |
| | (Title of person signing) | |