## 689911

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Beaucha	mp Constructi	on Co., Inc.
DOCUMENT NUMBER: 689911		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Blaik Ross		
<del></del>	Name of Contact Person	1
Beauchamp C		
	Firm/ Company	
2100 Ponce D	e Leon Blvd.,	Ste. 825
	Address	
Coral Gables,	FL 33134	
	City/ State and Zip Code	e
bross@beauchar		<u> </u>
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Blaik Ross	<sub>at (</sub> 305	445-0819
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Beauchamp Construction Co.,	, Inc.	
(Name of Corporation as currently filed w	vith the Florida Dept. of State)	
689911		
(Document Number of Corpo	poration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following a	amendment(s) to
A. If amending name, enter the new name of the corpora	ration:	
		The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	Inc," or "Co". A professional corporation name must co	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15 FEB -9
		9 8H ID: 59
D. <u>If amending the registered agent and/or registered of new registered agent and/or the new registered office</u>		9
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		

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)

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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	ECB	James B.D. Beauchamp	2100 Ponce de Leon Blvd.
Add			Suite 825
Remove			Coral Gables, FL 33134
2) Change	CEO	Donald L. Crissey	2100 Ponce de Leon Blvd.
Add			Suite 825
Remove			Coral Gables, FL
3) Change	EVP	Benjamin K. Artzt	2100 Ponce De Leon Blvd.
Add			Suite 825
Remove			Coral Gables, FL 33134
4) Change	SVP	Daniel L. Beauchamp	2100 Ponce de Leon Blvd.
Add			Suite 825
Remove			Coral Gables, FL 33134
5) Change	SVPS	Blaik P. Ross	2100 Ponce de Leon Blvd.
Add			Suite 825
Remove			Coral Gables, FL 33134
6) Change			
Add			
Remove			

. <u>If ar</u> Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
ν/A	(==, ===============================
	· · · · · · · · · · · · · · · · · · ·
. If ar	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself:
17.8	(if not applicable, indicate N/A)
1/A	**

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
· ·		
Effective date if applicable:	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	oted by the incorporators without shareholder action and shareholder	
<sub>Dated</sub> January	27, 2015	
Signature /		
(By a disselected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	_
ı	Dean A. Thomas	
-	(Typed or printed name of person signing)	_
<u> </u>	President	
	(Title of person signing)	— <del>——</del>