H5S515

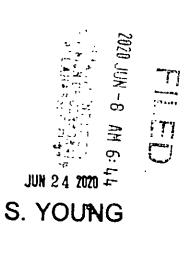
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	THOMAS MAY	CONSTRUCTION COM	PANY		
DOCUMENT NUMBER:	H58515				
The enclosed Articles of Amenda	ment and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following:			
BRENDA	S. RAU				
		Name of Contact Perso	n		
THOMAS	Name of Contact Person THOMAS MAY CONSTRUCTION COMPANY				
		Firm/ Company			
310 COL1	310 COLLEGE DRIVE				
		Address			
ORANGE	ORANGE PARK, FLORIDA 32065				
		City/ State and Zip Coc	le		
brau@tma	ıy.net				
		sed for future annual repor	t notification)		
For further information concerning	ng this matter, pleas	se call: 904 at (272-4808		
Name of Contact	Person		ode & Daytime Telephone Number		
Enclosed is a check for the follow	wing amount made	payable to the Florida Dep	partment of State:		
_	3.75 Filing Fee & tificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addr Amendment So Division of Co P.O. Box 6327 Tallahassee. Fl	ection rporations	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

THOMAS MAY CONSTRUCTION COMPANY

	THOWAS MAT CONST	ROCTION COMPANY	<u>-</u>		
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. o	f State)		
	H58:	515			
	(Document Number o	f Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adop	ts the following	amend	ment(s) to
A. If amending name, enter the new n	ame of the corporation:				
NOT APPLICABLE				The n	1010
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cartered," "professional association,"	Corp," "Inc," or "Co"	A professional corporation nam	the abbreviation	n "Corp	o., "
B. Enter new principal office address,		NOT APPLICABLE			_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)				_
				~)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NOT APPLICABLE		920 JUN	ا الموسود أ أ الموسودي
			7	¹	
			1, 2, 1	7	
					-
D. If amending the registered agent an new registered agent and/or the ne			of the	h h 1-9	
Name of New Registered Agent	NOT APPLICABLE				
	(Florida sti	reet address)			
New Registered Office Address:	NOT APPLICABLE	F	lorida		
new regimeren office runnens.	(City)		(Zip Code)		
You Barries of Association (1997)	hand to the state of Assess				
New Registered Agent's Signature, if of I hereby accept the appointment as regis			f the position.		
	Signature of New R	egistered Agent, if changing			
	=-g	Service and the service of the servi			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	_	BRANDON D. WARNER	2712 HENLEY ROAD
Add				GREEN COVE SPRINGS, FL.
X Remove				32043
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary). (1)	s, enter change(s) here:
(Attach dadiibna sneets, y necessary).	be specific)
OT APPLICABLE	
·	
	-
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exchan	ige, reclassification, or cancellation of issued shares,
provisions for implementing the amendation (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
(y noi appucame, inawate w/A)	
OT APPLICABLE	
	· · · · · · · · · · · · · · · · · · ·

JUNE 3, 2020 The date of each amendment(s) adoption: _ , if other than the date this document was signed. NOT APPLICABLE 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. X 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 NOT APPLICABLE by (voting group) 06/03/2020 Dated 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 court appointed fiduciary by that fiduciary) KEITH R. WARD (Typed or printed name of person signing) PRESIDENT & DIRECTOR (Title of person signing)