## H63279

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(Ad	ldress)		
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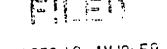
## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ATION: American Construc	etion Services, Inc. of Tamp	a
DOCUMENT NUME			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Carla D. Boyce		
		Name of Contact Person	
	American Construction Servi	ces, Inc. of Tampa	
		Firm/ Company	<del></del>
	719 S. 50th Street	VIIII 9004	
		Address	
	Tampa, Florida 33619		
		City/ State and Zip Code	
	Carla.Boyce@americancsi.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Carl M. Aldridge, Jr.		at ( <u>813</u>	690-9602
Name (	f Contact Person		le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ing Address Indiment Section Sion of Corporations Box 6327 Thanksee, FL 32314	Amenda Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of



2021 DEC 10 AM 10: 59

American Construction Services, Inc. of Tampa

SECRETIAN OF STATE

(Name of Corpora	ation as currently filed with the Florida Dept. of State)
H63279	
(Doc	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
√A	The new
	'corporation," "company," or "incorporated" or the abbreviation "Corp.," c," or "Co". A professional corporation name must contain the word
3. Enter new principal office address, if applicat	N/A
Principal office address <u>MUST BE A STREET Al</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>N/A</u>
). If amending the registered agent and/or regist	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	d office address:
N/A Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
Ten registered office radioss.	(City) (Zip Code)
ew Registered Agent's Signature, if changing R	egistered Agent: . I am familiar with and accept the obligations of the position.
петелу ассерь те арропитет ах гедімегей адет.	i um jamulai wan and accept the oraganons of the position.
Sig	nature of New Registered Agent, if changing

## 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)

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 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>	Address
1) Change	P	Robert A. Glover	8333 Bay Shore Drive
Add			Treasure Island, Florida 33706
X Remove			
2) Change	VP	Robert A. Glover	719 S. 50th Street
X Add			Tampa, Florida 33619
Remove 3) Change	Р	Carla D. Boyce	8019 Williams Road
$\frac{X}{Add}$ Add	-		Seffner, Florida 33584
Remove			
4) Change			
Add			
Remove			100
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

The date of each amendment(s	November 18, 2021	, 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	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	n and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	···	
	(voting group)	
December Dated	er 7, 2021	
	arl M. aldringe for	
selec	a director, president or other officer $\subseteq$ if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Carl M. Aldridge, Jr.	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	