| (Re                     | questor's Name)   |             |  |
|-------------------------|-------------------|-------------|--|
| (Ad                     | dress)            |             |  |
| (Ad                     | dress)            |             |  |
| (Cit                    | y/State/Zip/Phone | e #)        |  |
| PICK-UP                 | ☐ WAIT            | MAIL        |  |
| (Bu                     | siness Entity Nan | ne)         |  |
| (Document Number)       |                   |             |  |
| Certified Copies        | _ Certificates    | s of Status |  |
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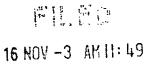
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: East Coast Metal Decks, INC.   |  |  |  |  |  |
|---|--|--|--|--|--|
| DOCUMENT NUMBER: H92897   |  |  |  |  |  |
|   | of Amendment and fee are su                                    | bmitted for filing.  |  |  |  |
| Please return all corre   | spondence concerning this ma                                   | tter to the following:   |  |  |  |
|   | Dean Allmon  |  |  |  |  |
|   |  | Name of Contact Persor   | 1  |  |  |
|   | East Coast Metal Decks, INC.                                   |  |  |  |  |
|   | -  | Firm/ Company  |  |  |  |
|   | 635 Gator Dr. Suite A.   |  |  |  |  |
|   | Address  |  |  |  |  |
|   | Lantana, Florida 33462   |  |  |  |  |
|   |  | City/ State and Zip Code   | •  |  |  |
| accou   | intspayable@eastcoastmetals.i                                  | net  |  |  |  |
|   | · · · <del>-</del>   | ed for future annual report  | notification)  |  |  |
|   | `  | •  | ,  |  |  |
| For further information   | n concerning this matter, pleas                                | e call:  |  |  |  |
| Dean Allmon   |  | 561  | 272 5417   |  |  |
|   |  | at (   | _)   |  |  |
| Name of Contact Person Area Code & Daytime Telephone Number                                   |  | de & Daytime Telephone Number                                      |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department 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) |  |  |
| Amo<br>Div<br>P.O   | iling Address endment Section ision of Corporations . Box 6327 | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building                                      |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



to

| East Coast Metal Decks, INC.  |                                      | SECR                | FTLe Vict     | 7A1;                |
|---|--------------------------------------|---------------------|---------------|---------------------|
| (Name of Corporat   | ion as currently filed witl          |                     |               | 3                   |
| H92897  |                                      |                     |               |                     |
| (Docu   | ment Number of Corporation           | on (if known)       |               |                     |
| Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:   | la Statutes, this <i>Florida Pro</i> | ofit Corporation a  | dopts the fol | llowing amendment(s |
| A. If amending name, enter the new name of the c  | orporation:                          |                     |               |                     |
|   |                                      |                     |               | The new             |
| name must be distinguishable and contain the wo<br>"Corp.," "Inc.," or Co.," or the designation "Corp<br>word "chartered," "professional association," or the | o," "Inc," or "Co". A pi             |                     |               |                     |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD  |                                      |                     |               |                     |
|   | <del> </del>                         |                     |               |                     |
|   |                                      |                     |               |                     |
| C. Enter new mailing address, if applicable:  |                                      |                     |               |                     |
| (Mailing address MAY BE A POST OFFICE BO  | <u> </u>                             |                     |               |                     |
|   |                                      |                     |               |                     |
|   |                                      |                     |               |                     |
|   |                                      |                     |               |                     |
| D. If amending the registered agent and/or register   |                                      | ida, enter the na   | me of the     |                     |
| new registered agent and/or the new registered  | onice address:                       |                     |               |                     |
| Name of New Registered Agent  | <del> </del>                         |                     | <u></u>       |                     |
|   |                                      |                     |               |                     |
|   | (Florida street address)             |                     |               |                     |
| New Registered Office Address:  | (0)                                  |                     | _, Florida    | <i>a: c.</i> 1)     |
|   | (City)                               |                     |               | (Zip Code)          |
|   |                                      |                     |               |                     |
| New Registered Agent's Signature, if changing Re  | gistered Agent:                      |                     |               |                     |
| I hereby accept the appointment as registered agent.  | I am familiar with and ac            | cept the obligation | ns of the pos | ition.              |
|   |                                      |                     |               |                     |
|   |                                      |                     |               |                     |

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.

| 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<br>(Check One) | <u>Title</u> | <u>Name</u>         | <u>Addres</u> s      |
| 1) Change                     | VP           | Charles Hardee Post | 897 SW 120th Way     |
| Add x Remove                  |              |                     | Davie, Florida 33325 |
| 2) Change                     | VP           | Daymon Allmon       | 635 Gator Dr.        |
| x Add                         |              |                     | Suite A.             |
| Remove                        |              |                     | Lantana, FL. 33462   |
| 3) Change                     |              | <del></del>         |                      |
| Add                           |              |                     |                      |
| Remove                        |              |                     |                      |
| 4) Change                     |              |                     |                      |
| Add                           |              |                     |                      |
| Remove                        |              |                     |                      |
| 5) Change                     |              |                     |                      |
| Add                           |              |                     |                      |
| Remove                        |              |                     |                      |
| 6) Change                     |              |                     |                      |
| Add                           |              |                     |                      |
| Remove                        |              |                     |                      |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)   |
|---|---|
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| If an amendment provides for an exch  | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)   | nument is not contained in the amenument itsen:   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

| The date of each amendment(s)                                       | October 28, 2016 adoption:  | _, if other than the |
|---|---|----------------------|
| date this document was signed.                                      | •   |                      |
| Effective date <u>if applicable</u> :                               |   | <u></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 will Department of State's records.   | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                      |
| The amendment(s) was/were a 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):  |                      |
|   | ast for the amendment(s) was/were sufficient for approval   |                      |
| by  | (voting group)  |                      |
| •   | (voting group)  |                      |
| ☐ The amendment(s) was/were a action was not required.              | adopted by the board of directors without shareholder action and shareholder  |                      |
| ☐ The amendment(s) was/were a action was not required.              | dopted by the incorporators without shareholder action and shareholder  |                      |
| October<br>Dated  | 28, 2016  |                      |
| Signature   | >   |                      |
| (By a selec   | director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary) | _                    |
|   | Dean Allmon   |                      |
|   | (Typed or printed name of person signing)   |                      |
|   | President   |                      |
|   | (Title of person signing)   |                      |