J23781

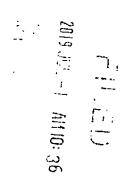
(R	equestor's Name)	
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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Associated Constru	uction Products, Inc.			
DOCUMENT NUM	137701				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Danielle A. Carter				
	Name of Contact Person				
	Associated Construction Products, Inc.				
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·		
	25352 Wesley Chapel Blvd.				
		Address			
	Lutz, Fl. 33559				
		City/ State and Zip Code	e		
dear	er@acpfl.com				
	-	sed for future annual report	natification		
For further information	on concerning this matter, pleas	se call: at (⁸¹³	973-4425		
Name	of Contact Person) de & Daytime Telephone Number		
Enclosed is a check f	or the following amount made		,		
S35 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)		
An Div P.C	tilling Address tendment Section rision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

of Associated Construction Products, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) J23781

(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	2019
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
N If amonding the project and a second (a second of the se	5
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	·
(Florida st	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Van Daristand America Circumstance 18 st. and a Daristan 14 st.	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
รายกลุ่นre of New I	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	PT John De	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	<u>ones</u>	
X Add	<u>SV</u> <u>Sally St</u>	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	★ CF00	Danielle A. Carter	13206 Burnes Lake Drive
X Add	Chief =	Financia / loperaling	Tampa, Fl. 33612
Remove		While	
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
IXCHIUAC			

Attach additional sheets, if necessary).	(Be specific)
-	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij noi applicable, maicale N/A)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ 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 east for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/27/19	
Signature M. A. 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)	_
John D. Bethards	
(Typed or printed name of person signing)	
President	
(Title of person signing)	