L04364

(Reques	stor's Name)	<u> </u>
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SECRETARY OF SHAPE
TALLAHASSEE, FIGHIDA

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Verticon, Inc. DOCUMENT NUMBER: L4364 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gerald M. Hoffman Name of Contact Person Verticon, Inc. Firm/ Company PO Box 2164 Address Brandon, FL 33509-2164 City/ State and Zip Code jhoffm10@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jerry Hoffman at (813) 503-2696
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Co Mailing Address Street Address Amendment Section Amendment Section Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 .: .:

Articles of Amendment to Articles of Incorporation

(Name of Corporation			
(<u>Name of Corporation as cur</u> 1364	rently filed with the Fl	orida Dept. of State)	
(Document Num	ber of Corporation (if kn	own)	
rsuant to the provisions of section 607,1006, Florida Statutes, Articles of Incorporation:	this Florida Profit Corp	poration adopts the following amend	idme
If amending name, enter the new name of the corporation			
ry Hoffman Construction, Inc.			
ne must be distinguishable and contain the word "corpor np.," "Inc.," or Co.," or the designation "Corp." "Inc," of d "chartered," "professional association," or the abbreviati	ation," "company," or or "Co". A professione on "P.A."	The n "incorporated" or the abbreviat it corporation name must contain t	new tion the
Enter new principal office address, if applicable: ncipal office address <u>MUST BE A STREET ADDRESS</u>)	N/A		
Enter new mailing address, if applicable: Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A	19 DEC 20 AM 9: 16 SECRETIVEN OF STATE PALLARIASSIES FOR ORTH	T = TO
amending the registered agent and/or registered office ac ew registered agent and/or the new registered office addre	ldress in Florida, enter	the name of the	
Name of New Registered Agent N/A	288:	·	
(Florida :	street address)		
New Registered Office Address: N/A		, Florida	
	(City)	(Zip Code)	

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 = ChiefExecutive 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change		ay Sman, Sv ds an Add,	
	<u>PT</u>	John Dog	
X Remove	\underline{V}	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1)Change	~ 	N/A	
Add			
Remove			
2) Change			
Add			NEC. NEC.
Remove			
3) Change			
Add			
Remove			2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
4) Change			.
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)			
N/A				
				
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If an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares,			
The state of the s	Iment if not contained in the amendment itself:			
	are affectively fixed.			
(if not applicable, indicate N/A)				
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(b) and approxime, than the total)				
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The date of each amendment(s) adoption:	
date this document was signed.	, if other than the
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 no document's effective date on the Department of State's records.	t 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 cast 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.	390 er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	IL 20
11/04/2019 Dated	ED W
Signature Develon Asyline	6
(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 fiduciars be the first beauty of the court	
appointed fiduciary by that fiduciary)	
Gerald M. Hoffman	
(Typed or printed name of person signing)	··
President	
(Title of person signing)	