N0900001197

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	•
(Cit	ty/State/Zip/Phone	• #)
(5	.,,, o late, 2.,p ., 110,10	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
	•	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



300144725153

03/09/09--01013--001 ++35.00

FILED

09 MAR -9 AM ||: 2!

SECRETARY OF STATE
ALLAHASSEE EL COM

modul

COVER LETTER

• TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: FIBST COAST CONTRACTURS FOR CHANGE IN
DOCUMENT NUMBER: NO 900001197
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph Parof, Paesidos 4 (Name of Contact Person)
FIRST CONST CONTRACTORS FOR CHANGE INC.
1437 Delmar Street
Tacksonville, Alvida 38205 (City/ State and Exp Code)
For further information concerning this matter, please call:
To See A Code & Daytime Telephone Number) Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	CD[]7 BBG rently filed with t	CTOKS FOR	R CHAN f State)	62 IN	IC.	
NOGADADADIIGA			<u> </u>			
(Document Nu	ımber of Corporati	on (if known)				
Pursuant to the provisions of section 617.1000 the following amendment(s) to its Articles of	5, Florida Statutes, Incorporation:	this <i>Florida Not F</i>	or Profit Corp	oration a	dopts	
A. If amending name, enter the new name	of the corporation	<u>ı:</u> A				
The new name must be distinguishable and				" or the		
abbreviation "Corp." or "Inc." <u>"Company"</u> B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>	plicable:	be used in the nam	<u>ue.</u> H/T	SECKE	09 HA	
C. Enter new mailing address, if applicable (Mailing address)	<u>e:</u>	^	//A	HASSEE FLORIDA	R -9 AM II: 25	FILED
D. If amending the registered agent and/or new registered agent and/or the new reg			, enter the na	me of the		
Name of New Registered Agent:	**************************************	N/+F				
New Registered Office Address:	(Flori	da stroot address)				
		(City)	, Florida <i>(Zip</i>	Code)		
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.	zing Registered A ed agent. I am j	gent: familiar with and c	accept the obl	igations o	of the	
_	Signature of New	Registered Agent, i	f changing			

<u>`itle</u>	<u>Name</u>	Address Type of Action
VP_	Cory Graham Les Bell	7576 John F. Kennedylly. Add Add Tecksmilly FL 32975 De Remove
<u>1P</u>	Leo Bell	1333 W. Benner St Add Jackswille, Ft 3834 Remove
		Add Remove
attach a	dditional sheets, if necessary). (Be spec	cific)

. If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption:	Parch 3, 2009
Effective date <u>if applicable</u> :	arch 3, 2009
(no more than 90 d	ays after amendment file date)
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the me was/were sufficient for approval.	mbers and the number of votes cast for the amendment(s)
There are no members or members entitled to vadopted by the board of directors.	ote on the amendment(s). The amendment(s) was/were
bave not been selected,	chairman of the board, president or other officer-if directors by an incorporator – if in the hands of a receiver, trustee, of luciary by that fiduciary)
	President President President Title of person signing)