POO 000053140

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: Watts Construction	n Incorporated		
DOCUMENT NUMBERS	P00000053140			
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspond	lence concerning this ma	tter to the following:		
N	De t. Miller			
NICO	ole L. Watts	Name of Contact Perso	n .	

<u>Wat</u>	ts Construction Incorpora	ated Firm/ Company	 	
		t mine Company		
4800	White Clay Pit Rd	Address		
		Address		
Hair	es City FL 33884	0: 10		
		City/ State and Zip Cod	e	
	@wattsfamilybrokers.ec E-mail address: (to be us	on ed for future annual repor	notification)	
For further information con	cerning this matter, pleas	se call:		
Nicole Watts		at (<u>863</u>	_) 412-1039	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:	
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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Watts Construction Incorporated		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P00000053140		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amerits Articles of Incorporation:	idment((s) t
A. If amending name, enter the new name of the corporation:		
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Cor". Inc.," or "Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the vichartered, "professional association," or the abbreviation "P.A."	rp "	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:		
Name of New Registered Agent		
(Floridu street address)		
New Registered Office Address: , Florida (City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing Check if applicable	21 JUL -7 AH	23.5
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	Est Gp	

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)

Example:

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 <math>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>\$v</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>A</u> ddr <u>es</u> s
1) Change	TD	William I Watts	4800 White Clay Pit Rd
X Add			Haines City FL 33844
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
f) Change			
Add			
Remove			

f amending or adding additional Attach <i>additional sheets, if necessa</i>	ry). (Be specific)			
				
				
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an amendment provides for an	<u>exchange, reclassification</u>	<u>m, or cancellation of</u>	issued shares,	
provisions for implementing the	amendment if not conta	ined in the amendm	ent itself:	
(if not applicable, indicate N/A	1)			
· • · · · · · · · · · · · · · · · · · ·		<u> </u>	****	
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The date of each amendment(s) adoption: 06/30/2021	, if other than the
date this document was signed.	
Effective date if applicable: 06/30/2021	
(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shaction was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The foll must be separately provided for each voting group entitled to vote separately on the amend	owing statement lment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature / A John Signature / GBy a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary) Nicole L Watts	
(Typed or printed name of person signing)	114
President (Title of person signing)	
(Title of person signing)	