P00000078975

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13 JUL 15 AM 9: 24
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS

JUL 1 8 2013

EXAMINER

COVER LETTER

Division of Corporations NAME OF CORPORATION: Gulfcoast Consulting Group, Inc. P00000078975 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lerin Byrd Name of Contact Person Gulfcoast Consulting Group, Inc. Firm/ Company Address Estero, FL 33928 City/ State and Zip Code Lbyrd@gcg-designbuild.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lerin Byrd 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 Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

FILED

13 JUL 15 AM 9: 24

Gulfcoast Consulting Group, Inc.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA

ent(s) to

P0000078975		THE COMPA
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	a Statutes, this Florida Profit Corporation ado	pts the following amendm
A. If amending name, enter the new name of the co	orporation:	
GCG Construction, Inc.		The ne
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional corporati	ated" or the abbreviatio
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADI	<u>e:</u> N/A	
(Frincipal office address <u>MOST BE A STREET ADI</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florida_	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.		of the position.
Ciminature - CM	low 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	2		
X Remove	<u>v</u>	Mike Jor	<u>ies</u>		
X Add	<u>sv</u>	Sally Sm	<u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_	N/A		
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe	
√A		
16		alanifiantian afiamatahana
. <u>11 an ame</u> provisio	enument provides for an exchange, re ons for implementing the amendment	classification, or cancellation of issued shares, if not contained in the amendment itself:
(if n	not applicable, indicate N/A)	
N/A		
4/ / 1		
V/\tag{\tag{\tag{\tag{\tag{\tag{\tag{		
····		
V/7		

The date of each amendment(s) adoption:	, i	f other	than the
Effective date if applicable: (no more than 90 days after amendment file date)			
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)	AL SE	<u></u>	
(voting group)	CRE	ي	П
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	LAHASSEE	JUL 15 #	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	EE, FLORID	M 9: 21	D
Dated 07/12/13	IDA A	F	
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)			
Lerin Byrd			
(Typed or printed name of person signing)			
President			
(Title of person signing)			