06/13/2010 305<u>-774</u> PAGE 01/04 Division of Page 1 of 2 Florida Department of State Division of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000134996 3))) HI 00001 349963 ABCO Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 6 - HIII' From: Account Name : CORPOLICENSE, INC Account Number : I20050000118 Phone : (305)774-9606 PH 12: 32 Fax Number : (305)774-9660 **Enter the email address for this business entity to be used for futu annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN F & AD CONSTRUCTION CORPORATION Certificate of Status Ð Certified Copy Ð Page Count 01 Estimated Charge \$35.00 ------

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CORPOLICENSE INC

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to Articles of Incorporation

of

F & AD CONSTRUCTION CORPORATION

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

P02000114131

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation;

9660

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. <u>Enter new principal office address</u> , if <u>applicable</u> : (Principal office address <u>MUST BE A STREET ADDRESS</u>)						
C. <u>Enternew mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	P.O. BOX 924276					
	PRINCETON, FL 33092-476					
D. If amending the registered agent and/or registered office address in Florida, enter the name of the						
New Registered Office Address: (Flori	da street address)					
(City)	, Florida (Zip Code)					
<u>New Registered Agent's Signature, if changing Registered A</u> I hereby accept the appointment as registered agent. I am fami						

Signature of New Registered Agent, if changing

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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)

Title	Nome	٦	Address	Type of Action
<u>VP</u>	JUAN JOSE QUEVEDO		8641 SW 137TH AVE MIAMI, FL 33183	☑ Add □ Remove
<u> </u>				Add Remove
	. <u></u>			🗋 Add 🗖 Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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and the second se	•• -		H10000134996
The date of each ame	ndment(s) adoption; <u>JU</u>	NE 09, 2010 (date of adoption is required)	· · · · · ·
Effective date if applie	cable:	days after amendment file date)	· · ·
•	(no more man yo	1	
Adoption of Amendm	ent(s) (<u>CHE</u>	CK ONE)	
	was/were adopted by the s was/were sufficient for ap	hareholders. The number of votes ca	st for the amendment(s)
The amendment(s) must be separately	was/were approved by the provided for each voting g	shareholders through voting groups. group entitled to vote separately on th	The following statement e amendment(s):
"The number o	f votes cast for the amend	ment(s) was/were sufficient for appro-	val
by	(voting group)	j1	
· ·			
L] The amendment(s) action was not requ		board of directors without shareholder	action and shareholder
The amendment(s) action was not requ		ncorporators without shareholder acti	on and shareholder
Date	JUNE 09, 2010		
Signe		Dante The nt or other officer - if directors or off	icare hours not been
	selected, by an incorpo appointed fiduciary by	prator – if in the hands of a receiver, t	rustee, or other court
		FRANCISCO DIONICIO	
	(Туре	ed or printed name of person signing)	······································
		PRESIDENT	
	(Title of	person signing)	······································
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