P030000 56296

(Re	equestor's Name)		
(Ac	idress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	e #)	
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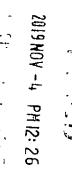


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C TAILEY





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CONSTRUCTION	PLASTERING COMPAN	NY, INC.
DOCUMENT NUME	BER:P03000056296		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	OLIN CRABTREE		
	• • • •	Name of Contact Person	11
	CONSTRUCTION PLASTE	RING COMPANY, INC.	
		Firm/ Company	
	PO BOX 37336		
		Address	
	PENSACOLA FL 32526		
		City/ State and Zip Cod	e
For further information	te-mail address: (to be the	sed for future annual report se call: at (850	232-3912
Name of Contact Person			de & Daytime Telephone Number
	the following amount made		
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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CONSTRUCTION PLASTERING COMPANY, INC.

(Name of Corporation 2	as currently file	d with the Florida D	ept. of State)			
	P03000056296					
(Document	Number of Corp	oration (if known)				
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	atutes, this <i>Florid</i>	da Profit Corporation	t adopts the follow	ing amen	dment((s) to
A. If amending name, enter the new name of the corpo	oration:					
				Thc	new	
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	Inc," or "Co".	A professional corp	rporated" or the poration name mus	abbrevio st contain	ution 1 the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>					
	_	·		* (3	- 2i	
	_			- C'3	2018 NOV	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					- V O	4 -
(Mulling dualess MAT BE A TOST OFFICE BOX)	-			- *	<u>-</u> }-	*
	-				<u> </u>	
	_			- t	<u>.:</u>	bet
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		Florida, enter the i	name of the	- H	26	
Name of New Registered Agent	<u>. </u>					
	(Florida street ad	dress)				
New Registered Office Address:	····		, Florida			
	(City)		(Zi _i	p Code)		
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		nd accept the obligat	ions of the position	r.		
Signatur	re of New Registe	red Agent, if changin	ig ————			

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>РТ</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	D	DANIEL H PAISLEY	3555 CHIEF MATE DR
Add X Remove			PENSACOLA FL 32506
2) Change			
Add			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Add Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an eyeb	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendm	out file data)
(no more than 90 days after amenam	ieni jue aaie)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	oval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated 10/30/19 Signature Olm Cabbo	
Signature olm Cablos	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
OLIN CRABTREE	
(Typed or printed name of person signi	ng)
DIRECTOR	
(Title of person signing)	