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TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: Diversified Global	Piping & Construction, In-	2.
DOCUMENT NUMBE	R: P03000085560		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	indence concerning this man	tter to the following:	
М	ichael P Crosby		
_		Name of Contact Person	1
D	iversified Global Piping &	Construction, Inc.	
_		Firm/ Company	
20	35 Skyview Drive	' '	
_		Address	
Li	akeland, FL 33801		
		City/ State and Zip Cod	e
dgpc@t	ampabay.rr.com		
		sed for future annual report	notification)
		·	
For further information c	oncerning this matter, pleas	se call:	
Michael P Crosby		at (863	644-1211
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	irtment of State:
■ \$35 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)
Amenc Divisio P.O. B	g Address Iment Section on of Corporations ox 6327	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation, of

Diversified Global Piping & Construction, Inc.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P03000085560	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc., or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co" A professional corporation name must contain the
P. Enter pay principal office address if applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
N/A	_
Name of New Registered Agent	
	reet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
т петету чесері те арронителі из тедіметей аделі. Тат затиш	wan and accept the obligations of the position.
Signature of New	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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Suzanne M Crosby	2635 Skyview Drive
XAdd			Lakeland, FL 33801
Remove			
2) X Change	PTS	Michael P Crosby	2635 Skyview Drive
Add			Lakeland, FL 33801
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here; (Be specific)
N/A	
-	
F. If an amendment provides for an exch	unge, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate NA)	indirent if not contained in the amendment usen.
N/A	
	

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date <u>if applicable:</u>		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this deepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(ufficient for approval.	s)
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statems reach voting group entitled to vote separately on the amendment(s):	ent
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and sharehold	ê r
■ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
6/23/1* Dated	7	
Signature ~~~	director, president or other officer – if directors or officers have not been	
selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	1
	Michael P Crosby	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	