P03000117627

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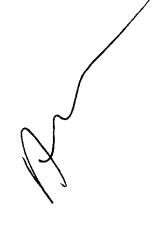


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SCORETWRY OF STATE ALLAHASSEE: FLORIDA

MAR 27 2013 T. LEMMEUX



COVER LETTER

Division of Corporations Minnick Construction, Inc. NAME OF CORPORATION: P03000118627 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Thomas Minnick** Name of Contact Person Minnick Construction Inc. Firm/ Company 2260 Kenilworth Avenue Address South Daytona, Fl 32119 City/ State and Zip Code dinoact@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thomas Minnick at (386) 527-5420

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Minnick Construction Inc.		
(Name	of Corporation as currently	filed with the Florida Dept. of State)
P03000118627		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or "C	"," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE A S		

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If and the section of a sect		
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	N/A	
Name of New Registered Agent	N/A	
	(Florida stre	act addressed
	N/A	i
New Registered Office Address:		(City) Florida (C) (Zimbode)
		MAR 21 AHASS
New Registered Agent's Signature, if c	hanging Registered Agent: tered agent. I am familiar w	with and accept the obligations of the position
Thereby accept the appointment as regard	erea agens. 1 am jammar n	True True
		CARD W
		<u> </u>
	Signature of New Re	egistered 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	PT	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PVT	Thomas Minnick	2171 Sherwood Drive
Add			South Daytona, FL 32119
Remove			
2) Change	s	Steve Graham	220 West Pine Ave.
⊀_ Add			New Symrna Beach, FL
Remove			32168
3)Change		····	
Add			
Remove			
4) Change	· · · · ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ling additional Article heets, if necessary). ((Be specific)			
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	•				
If an amendment	rovides for an exchan	ige, reclassification.	or cancellation of iss	ued shares,	
provisions for im	olementing the amend ble, indicate N/A)	ment if not contain	ed in the amendment i	itself:	
DE MOLDING	vie, maicaie WA)				
	· · · · · · · · · · · · · · · · · · ·				
	<u> </u>				
(ij noi applica					

	N/A	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
	N/A	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(e sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following statem for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
	(**************************************	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	er
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
3/23/	2018	
DatedSignature	Olm mil	
(B ₁	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator - if in the hands of a receiver, trustee, or other cou	
	pointed fiduciary by that fiduciary)	
• •	• • • • • • • • • • • • • • • • • • • •	
	Thomas Minnick	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	