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SEURLIARY OF STATE
FALLAHASSFE, FLORIDA

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: Lester 1	Maddox Constru	iction. Inc.
DOCUMENT NUMBER: PO 3000 [2	10684	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Nancy Maddox Lester Maddo	Name of Contact Person	
	Firm/ Company	
Panama City Panama City Parker princess 82 E-ntail address: (to be us	Address  F \ 32404  City/ State and Zip Cod	
For further information concerning this matter, pleas	e call:	
Nancy Maddoy Name of Contact Person	at ( <u>850</u>	8/9.7790 de & Daytime Telephone Number
Enclosed is a check for the following amount made p		
\$35 Filing Fee	□\$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	Amend	Address Iment Section on of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

of

Lester Maddox Const	Iruction, in	ic.
(Name of Corporation as currently	filed with the Florida Der	ot, of State)
9031X0126684		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation :	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corpoi	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	19 AP
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	22 AH 9: SIL
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the na	me of the
Name of New Registered Agent Manay Manager	<i>'</i> '\	
49 nara 1519 toran C4	· ,	
tFlorida stree	et address)	
New Registered Office Address: Parking City	City)	, Florida <u>3240</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with the signature of New Registered Agent.	ith and accept the obligation	ns of the position.

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 = Chairmon 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	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Tyler Maddox	
Add	•	<del></del>
Remove		
2) Change	UP David Vemper	409 School Are
_X_ Add		0 71
Remove		Panama City FI
3) Change		32401
Add		<del></del>
Remove		<del></del>
4) Change		APR 22 NE MARY AHASSE
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
$\mathcal{L}_{\mathcal{L}} = A$			
N/F			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares	3 S S S S S S S S S S S S S S S S S S S	ò	Ö
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	RIDA	ŒŢ	
NIA	≯		

The date of each amendment(s) adoption: HOCL 15, 2019	_, if other than the
date this document was signed.	
Effective date if applicable: N/T (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file acte)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	19 APR
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ILEI 22 AM
Dated April 16 (2019)	4 9: 81-
Signature Signature Signature	_
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – it in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Lesster Muday (Typed or printed name of person signing)	
Prevident	
(Title of person signing)	

as the