<u>P63000134356</u>

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Precision Concrete of Palm Coast P03000134356 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Patricia Barton Name of Contact Person Precision Concrete of Palm Coast Firm/ Company 8 Prince Eric Lane Address Palm Coast FL 32164 City/ State and Zip Code precisionconcretepc@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Patricia Barton Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

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PRECISION CONCRETE OF PALM COAST, INC.

(Name of Corporation as		ida Dept. of State)	11000000000000000000000000000000000000
P03000134356		771417	TOOCI, I LONINA
	Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	<i>rida Profit Corporation</i> adopt	s the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ation "Corp," "Inc," or "Co	". A professional corporation	
B. Enter new principal office address, i (Principal office address <u>MUST BE A ST</u>		N/A	
C. Enter new mailing address, if applications (Mailing address MAY BE A POST O		N/A	
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the name o	<u>f the</u>
Name of New Registered Agent			
	(Florida street	address)	
New Registered Office Address:	N/A	Florida	
wew negisierea Office Address.	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe N/A		and accept the obligations of	the position.
Sio	nature of New Registered Age	ent, 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	David James Barton	8 Prince Eric Lane
X_{Add}			Palm Coast FL 32164
Remove			
2) Change			
Add	-		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Komove			and the second s
6) Change			***
Add			
Remove			

Α	additional sheets, if necessary). (Be specific)	
<u> </u>		
If an ar	mendment provides for an exchange, reclassification, or cancellation of issued	shares,
<u>provis</u>	isions for implementing the amendment if not contained in the amendment itse if not applicable, indicate N/A)	<u>:IT;</u>
	y	
/A		
~-		
	TO THE PARTY OF TH	

date this document was signed.	юрнои:	, ii other than tr
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated_APRIL	14, 2015 Detrina A	
	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	PATRICIA BARTON	<u></u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	