PO4000013338

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MA!L | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

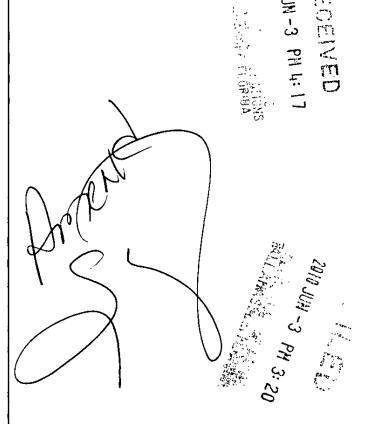
Office Use Only

6310



100181458531

06/04/10--01001--021 **35.52



COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: John Fodera Construction Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: at (911) 5/8-3777 Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

| Articles of Ar | nendment A. A. p. |
|--|--|
| to | 20/0 11 |
| Articles of Inco | orporation JUN-3 |
| _ John Fodera Construc | tion Inc |
| (Name of Corporation as currently filed with | the Florida Dept. of State) |
| Poy0000 13379 | |
| (Document Number of Corporati | on (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation | |
| name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co" or the designation "Coname must contain the word "chartered." "professional associa | orp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| · | |
| | |
| | |
| C. Enter new mailing address. if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| D. If amending the registered agent and/or registered office | address in Florida, enter the name of the |

New Registered Agent's Signature, if changing Registered Agent:

new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

____, Florida____ (Zip Code)

| The date of each amendme | ent(s) adoption: (0 - 3 - 2010 | | | | |
|---|---|--|--|--|--|
| Effective date if applicable | (date of adoption is required) | | | | |
| Effective date if applicable: (no more than 90 days after amendment file date) | | | | | |
| .doption of Amendment(s | (CHECK ONE) | | | | |
| | were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. | | | | |
| | were approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s): | | | | |
| "The number of vote | es cast for the amendment(s) was/were sufficient for approval | | | | |
| 0 | (voting group) | | | | |
| The amendment(s) was/v action was not required. | were adopted by the board of directors without shareholder action and shareholder | | | | |
| The amendment(s) was/w action was not required. | vere adopted by the incorporators without shareholder action and shareholder | | | | |
| Dated | 6-3-2010 | | | | |
| | John R Focless (President) Addirector, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary) | | | | |
| | Robert Weeks (Typed or printed name of person signing) | | | | |
| | (Title of person signing) | | | | |

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)

| <u>Title</u> | Name | Address | Type of Action |
|-------------------|--|--|-------------------|
| Reasure | Robert Weeks | 19730 Amber Jeck Ter Lake wood Runch 34202 | Add |
| | | 34 202 | _ LI Remove |
| | | | ☐ Add ☐ Remove |
| | | | |
| | | | ☐ Add ☐ Remove |
| | | | |
| | ng or adding additional Articles, ente litional sheets, if necessary). (Be spec | | |
| | | | |
| _aaa | officer to Corp. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| F. If an ame | ndment provides for an exchange, rec | dassification, or cancellation of issu | ed chares |
| <u>provision:</u> | s for implementing the amendment if applicable, indicate N/A) | | |
| (1) 1101 | аррноивіе, таксию ічті | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |