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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	≥ #)
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TEL MARIE TO PH 2: 43

Amend Cus

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	Holske Construction, In	IC.
DOCUMENT NU	MBER:	P04000048272	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		Katie Mellor	
	N	Jame of Contact Person	
		N/A	
		Firm/ Company	
3230 Rustic Road			
		Address	
	N	lokomis, FL 34275	
	C	Sity/ State and Zip Code	
	kmelle E-mail address: (to be use	or@slk-law.com at for future annual report notification)	·····
For further informa	ation concerning this matter,	please call:	
S	uzanne Holske		09-9373
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	c for the following amount n	nade payable to the Florida Depart	tment 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)
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	c

Tallahassee, FL 32301



February 24, 2010

KATIE MELLOR 3230 RUSTIC ROAD NOKOMIS, FL 34275

SUBJECT: HOLSKE CONSTRUCTION, INC.

Ref. Number: P04000048272

We have received your document for HOLSKE CONSTRUCTION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please state the action to take on the officer detail.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00004627

2010 APR -9 AH 8: 00

Articles of Amendment Articles of Incorporation of

Holske Construction, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P04000048272	

<u></u>		
(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follo	
A. If amending name, enter the new name of the corporation	<u>n:</u>	
	The new	
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp."	orp," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:	5250 Linwood Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Placida, FL 33946	
	AND COLUMN ASSESSMENT OF THE PROPERTY OF THE P	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1811 Englewood Road	
	Suite 260 Englewood, FL 34223	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade		
Name of New Registered Agent: Katie Mellor		
3230 Rustic	Road	
New Registered Office Address: (Flori	ida street address)	
Nokomis	, Florida_34275	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.		

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)

Title	<u>Name</u>	Address	Type of Action
Pres	Suzanne P. Holske	13124 Via Flavia Placida, FL 33946	■ Add □ Remove
<u>VP</u>	William H. Holske	13124 Via Flavia Placida, FL 33946	Add Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
,			
provisi	mendment provides for an exchange, ons for implementing the amendmen ot applicable, indicate N/A)		
Pres - Su	zanne P. Holske - 75% Sha	areholder	
VP - Willia	am H. Holske - 25% Shareh	nolder	
· · · · · · · · · · · · · · · · · · ·			

The date of each amendment	
Effective date if applicable:	(date of adoption is required)
thective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. <i>The following statement</i> d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Signature (By sele	a director, president or other officer – if directors or officers have not been reted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Suzanne P. Holske
	(Typed or printed name of person signing)
	(1) pod (2) printed milite (2) person signing)
	President
	(Title of person signing)