## P0400085564

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CORNERS	BNE CONSTRUC	MON AND COMPANY	NC
DOCUMENT NUMB	er: <u>P0400008</u>	35564		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	W	ADE FORDE Name of Contact Person		
-		Name of Contact Person	1	-
<u>-</u>	CONERSTONE C	STRUCTION A. Firm/ Company	ND COMPANY INC	:
_	1746 E. SIL			
		Address		-
_	OCOE	E F2. 34761 City/ State and Zip Code		_
		City/ State and Zip Code		
	DLCOR	NELSTANLE A	a.com	
<del></del>	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
WADE	FORDE . Made de la company	at (352	530-3196	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numbe	F
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	Cornfied Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street	Address	

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

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

	Articles of Amendment	الرين (٢٠) الميان ا
	to Articles of Incorporation	- Salated
	of	
CORNERSTONE C	ONSTRUCTION AND CO.	INC SE LA F
(Name of Corporation to	ONSTRUCTION AND CO.	(State)
P040000 83	5564	70.
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	006, Florida Statutes, this Florida Profit	Corporation adopts the following amendment(s) t
A. If amending name, enter the new nar	ne of the corporation:	
		The new
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and new registered agent and/or the new		, enter the name of the
Name of New Registered Agent	WADE FORDE	
	1746 E. SILVÉLSTAR 1 (Florida street address)	RD. STE. 135
New Registered Office Address:	OCOER, FL	Florida 34761 (Zip Code)
New Registered Agent's Signature, if ch	(City)  anging Registered Agent: red agens: I am familiar with and accept	

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)

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)	Title	<u>Name</u>	<u>Addres</u> s
i) Change	<b>D</b>	WADE FORDE	1746 E. SILVERSTAK RD.
<b>⋉</b> Add			STE. 135
Remove			OCOLE, FL. 34761
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			<u></u>
Remove			
5) Change		والمحارثين والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمر	Note the second
Add			
Remove			
6) Change			
Add			
Remove			

				igels) here:			
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mendment	provides fo	r an excha	nge, reclassifi	cation, or ca	ncellation	of issued sha	res.
sions for its	plementing	the amen					
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	mendment	mendment provides for signs for implementing	mendment provides for an excha	mendment provides for an exchange, reclassifications for implementing the amendment if not contains the amendment in th	DITION OF NEW OFFILER (DIRENT MADE FORDE.  mendment provides for an exchange, reclassification, or cations for implementing the appendment if not contained in	mendment provides for an exchange, reclassification, or cancellation stores for implementing the appendment if not contained in the amend.	mendment provides for an exchange, reclassification, or cancellation of issued shasions for implementing the agrendment if not contained in the amendment itself.

The date of each amendment(s) adoption	<b>;</b>	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval	
	by the shareholders through voting groups. The following statement of oting 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 board of directors without shareholder action and shareholder	
i ne amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated 12/24/1	3	
Dated 12/24/) Signature	17	
(By a director, selected, by ar	president of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court court by that fiduciary)	
	(Typed or printed name of person signing)	
	DIKELTOK (Title of person signing)	<del></del>