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2018 JUL 30 AM II: II SECREJARY OF STATE

C. GOLDEN AUG - 2 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: All Pro Construct	tion and Restoration Inc.		
DOCUMENT NUMB	ER:			
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	Christopher Sefjack			
		Name of Contact Perso	n	
	All Pro Constrcution Inc.			
		Firm I C		
	0704.7	Firm/ Company		
	2704 Timacqua Drive	<u> </u>		
		Address		
	Holiday Florida 34691			
•		City/ State and Zip Cod	e	
csefja	ck@gmail.com			
	E-mail address; (to be u	sed for future annual report	notification)	
For further information	concerning this matter, plear	se call:		
Christopher Sefjack		727	992-1866	
Name of Contact Person		at (727) 992-1866 Area Code & Daytime Telephone Number		
	•		2	
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	Street	Address	
Amer	ndment Section	Amend	Iment Section	
	ion of Corporations		on of Corporations	
	Box 6327		Building	
rana	hassee, FL 32314	2001 h	vecutive Center Circle	

Tailahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 JUL 30 AM 11: 11

Venture Healthcare Constuction Inc.

(Document Number of Corrsuant to the provisions of section 607,1006, Florida Statutes, this <i>Floridal</i> Articles of Incorporation:	•
rsuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida</i>	•
	ida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the corporation: Pro Construction and Restoration Inc.	The new
me must be distinguishable and contain the word "corporation," "orp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co", ord "chartered," "professional association," or the abbreviation "P.A.	. A professional corporation name must contain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address i new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent	
eFlorida street as	ldress)
New Registered Office Address:	, Florida
(City)	(Zip Code)

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	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or addi Attach additional sh	eets, if necessary).	(Be specific)				
						
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f an amendment pr	ovides for an exch	ange, reclassifi	cation, or cance	Hation of issued	l shares.	
provisions for impl	ementing the amer	id <u>ment if not e</u>	ontained in the	aniendment itse	<u>lf:</u>	
(if not applicabl	le, indicate N/A)					
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east 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. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 7 11 2018	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
- our davit	
(Title of person signing)	