## P04000115664

(Req	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

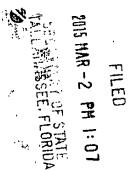
Office Use Only



800269881238

amend

03/02/15--01032--012 \*\*35.00



3/5/15

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	CTORS CONSTR	RUCTION INC
DOCUMENT NUMB	<sub>er:</sub> <u>P040001156</u>	664	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
l	KIET NGUYEN	I	
-		Name of Contact Person	1
_		Firm/ Company	
<u>.</u>	3329 PEACH [	Address	
	JACKSONVILL		
_		City/ State and Zip Code	e
		16.6	Classification N
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
ANN NGUY	EN	<sub>at (</sub> 904	864-0530
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	ertment 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)
Amen Divisi P.O. I	ing Address Idment Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2015 MAR - 2 PM J: 07

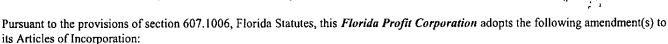
and the

## HOUSE DOCTORS CONSTRUCTION INC

(Name of Corporation as currently filed with the Florida Dept. of State),

## HOUSE DOCTORS CONSTRUCTION INC

(Document Number of Corporation (if known)



Corp.," "Inc.," or Co.," or the designation "Corp," " ord "chartered," "professional association," or the abb	
. Enter new principal office address, if applicable:	3329 PEACH DR
Principal office address <u>MUST BE A STREET ADDRE</u>	JACKSONVILLE FL 32246
Enter new mailing address, if applicable:	3329 PEACH DR
(Mailing address MAY BE A POST OFFICE BOX)  1. If amending the registered agent and/or registered	JACKSONVILLE FL 32246
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	JACKSONVILLE FL 32246  office address in Florida, enter the name of the ce address:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered agent and/or the new registered offi	JACKSONVILLE FL 32246  office address in Florida, enter the name of the ce address:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered new registered agent and/or the new registered offi  Name of New Registered Agent	JACKSONVILLE FL 32246  office address in Florida, enter the name of the ce address:

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>	Address
1) Change	Р	KIET NGUYEN	3329 PEACH DR
Add			JACKSONVILLE FL 32246
Remove			
2) Change	VP	JAMES HOSKINS JR	5782 SAWYER AVE
Add			JACKSONVILLE FL 32208
Remove			A
3) Change	T	THO TRUONG	3329 PEACH DR
Add			JACKSONVILLE FL 32246
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
or implementing the amer (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
or implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
orovisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
orovisions for implementing the ame (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
orovisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 2/20/2015	, if other than the
date this document was signed.	
Effective date if applicable: 2/1/2015	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 statement must be separately provided 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)	
(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_2/20/2015	
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)	<u> </u>
KIET NGUYEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	