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2013 AUG 26 AH II: 50 SEURLTARY OF STATE TALLAHASSEE, FLORIC

DR 38/13

COVER LETTER

Division of Corporations NAME OF CORPORATION: BENCHMARK BUILDING GROUP, INC. The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: MARK WOODLOCK

Name of Contact Person WOODLOCK CONSTRUCTION LAW FIRM, P.A.
Firm/ Company 1350 OFANGE AVE., STE 280 WINTER PARK, FL 32789

City/ State and Zip Code Kiecoggin a yahoo. com
mail address (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & Certificate of Status \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

BENCHMARK BUILDING GROUP, INC.	FILE	ED
(Name of Corporation as currently filed with the Florida Dept. of State)	2013 AUG 26	AM II: 53
(Document Number of Corporation (if known)	SFCRETARY TALLAHASSEI	OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	s the following ame	endment(s) to
A. If amending name, enter the new name of the corporation:	71	
name must be distinguishable and contain the word "corporation," "company," or "incorporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	ed" or the abbrev	new viation in the
B. Enter new principal office address, it applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if apericable: (Mailing address MAY BEA POST OFFICE BOX) WA		
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	of the	
Name of New Registered Agent JACLYN COGGIN		
309 ALTAMONTE COMMERCE [S	BLVO, STE	. 1516
New Registered Office Address: ALTAMONTE SPEINGS, Florida	32714 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. If am familiar with and accept the obligations of Signature of New Registered Agent, it changing	the position.	
(/ -		

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.

X Change	PT John Doe		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address
1) Change	V JA	ISON E. TAFT	1401 ILLINOIS ST.
Add			OFLANDO, FL 32803
_X Remove			
2) Change	PDS DA	IVID A. COGGIN	1439 STARGAZER TERRAL
Add			SANFORD, FL 32771
Remove	_		
3) X Change	PTS J	ACLYN COGGIN	1439 STARGAZER TERRACE
Add			SAPFORU, FL 32771
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	tional sheet	additional Arti s, if necessary).	(Be specific)				
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provisions	s for impler	vides for an excl menting the ame	ndment if not c	ontained in t	he amendme	<u>nt itself:</u>	63 ,
(if not	' applicable,	indicate N/A)					
				N/A			
				<u> </u>			

The date of each amendment(s) adoption: date this document was signed.	11/6	, if other than the
Effective date <u>if applicable</u> :	\sim \sim \sim \sim \sim \sim \sim	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement sting group entitled to vote separately on the amendment(s):	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated_ 8/22/13	3	
Signature	elyn Ossin	
	president or other officer – if directors or officers have not been finearporator – if in the hands of a receiver, trustee, or other court	
	ciary by that fiduciary)	
<u></u>	JACLYN COGGIN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	