# P04000136080

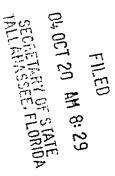
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Amend.

7/5

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF C	ORPORATION: CHM CONST	TRUCTION INC	
DOCUMENT	NUMBER: P04000136080		
The enclosed.	Articles of Amendment and fee a	are submitted for filing.	
Please return a	all correspondence concerning th	is matter to the following:	
	ROBERT L COLLINS		
	(Name	of Contact Person)	
	C H M CONSTRUCTION INC.		
	(Fi	rm/ Company)	
	7035 ZONA AVE		
		(Address)	
	JACKSONVILLE, FL 32211		
	(City/S	tate/ and Zip Code)	
For further inf	formation concerning this matter,	, please call:	
ROBERT L CC	LLINS	at (904) 625-6318	
(	Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
□ \$35 Filing Fee	e	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corpo 409 E. Gaines Street Tallahassee, FL 32	rations eet

#### Articles of Amendment to Articles of Incorporation of

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04 OCT 20	AH	8: 3n
SECRETARY TALLAHASSEL	Ûr S ⊶FL	TATE ORIDA

#### C H M CONSTRUCTION INC

(Name of corporation as currently filed with the Florida Dept. of State)
P04000136080
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
AMENDMENTS:
ARTICLE II - PRINCIPAL PLACE OF BUSINESS 7035 ZONA AVE, JACKSONVILLE, FL 32211
MAILING ADDRESS 7035 ZONA AVE, JACKSONVILLE, FL 32211
ARTICLE V :REGISTERED AGENT ROBERT COLLINS - 7035 ZONA AVE, JACKSONVILLE, FL 32211
ARTICLE VII CHRISTOPHER MIZELLE RESIGNS AS PRESIDENT - SEE ATTACHED
ROBERT L COLLINS - 7035 ZONA AVE, JACKSONVILLE, FL 32211 ASSUMES ROLE AS PRESIDENT
RASHEED SANDERS 6340 FAULKNER DR. JACKSONVILLE, FL 32244 APPOINTED VICE PRESIDEN
JOHN ROQUEMORE 7035 ZONA AVE, JACKSONVILLE, FL 32211 IS DIRECTOR
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N

(continued)

The date of each amendment(s) adoption: 10-19-2004	
Effective date if <u>applicable</u> :	file date)
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were approved by the sharehouthe amendment(s) by the shareholders was/were suffice.	
☐ The amendment(s) was/were approved by the sharehold following statement must be separately provided for esparately on the amendment(s):	
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval by
(voting group	<u> </u>
☐ The amendment(s) was/were adopted by the board of and shareholder action was not required.	directors without shareholder action
☑ The amendment(s) was/were adopted by the incorporation shareholder action was not required.	ators without shareholder action and
Signed this 19TH day of OCTOBER , 2004	
Signature Polist LO	allers_
(By a director, president or other officer - if dir selected, by an incorporator - if in the hands of appointed fiduciary by that fiduciary)	
ROBERT L. COLLINS	
Roler LColl	es Tre Selen
(Title of person sig	ning) /
I hereby accept the appointment as registered agent and agree to a I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of my document is being filed merely to reflect a change in the registered corporation has been notified in writing of this change.	ct in this capacity. to the proper and complete performance v position as registered agent. Or, if this office address, I hereby confirm that the
Color I Collab 10-19-200 (Signature of Registered Agent)	4
(astrono or stokionated whent)	(Date)

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## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

L CHRISTOPHER MIZELLE	, hereby resign as PRESIDENT
7	(Title)
ofCH M CONSTRUCTION INC	
(Name of Co	rporation)
P 04000136080, a (Document Number, if known)	corporation organized under the laws of the State of
FLORIDA	
Christoph (Signat	ure of resigning officer/director)

#### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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