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C. LEWIS

MAY 2 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

·		
NAME OF CORPORATION: MEC Building Co	rp.	
DOCUMENT NUMBER: P04000147261		
The enclosed Articles of Amendment and fee are submitted for	filing.	
Please return all correspondence concerning this matter to the f	ollowing:	
John P Keane		
Name o	f Contact Person	
MEC Building Corp.		
Fir	m/ Company	
212 Humphrey St.		
}	Address	
Swampscott, MA 01907		
City/,St	ate and Zip Code	
jpk10000@yahoo.com		, •
E-mail address: (to be used for futu	re annual report r	otification)
· ·		
For further information concerning this matter, please call:		
John P Keane	at (617	407-2728 e & Daytime Telephone Number
Name of Contact Person	Area Cod	e & Daytime Telephone Number
Enclosed is a check for the following amount made payable to	the Florida Depar	rtment of State:
Certificate of Status Certif	5 Filing Fee & ied Copy ional copy is sed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton I	nent Section of Corporations Building ecutive Center Circle

APPEUVEU AND FILED

Articles of Amendment to Articles of Incorporation of

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MEC Building Corp.		TELL BROSS	14 to 2 to 10
(Name of Corporation as current	tly filed with the Florida De	pt. of State)	
P04000147261			
(Document Number	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this <i>Florida Pi</i>	rofit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the	he cornoration:		
Seaview Contracting Corp.			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp, " "Inc, " or "Co". A p	nany," or "incorporated" o rofessional corporation nam	r the abbreviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe	ustered office address in Flo red office address:	rlda, enter the name of the	
Name of New Registered Agent	•		
***********	(Florida street address)		
	(r ioriau sireei daaress)		
New Registered Office Address:	(City)	, Florida (Zip C	anda)
	(40-4))	(III) O	saty
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	ni. I am jamular with and ac	cepi ine obligations of the po	sition.
Signature o	f New Registered Agent, if ch	anging	

Page I of 4

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 Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jo	nes			•
_X AdJ	<u>sv</u>	Sally Sn	<u>nith</u>	1		
Type of Action (Check One)	Title		Name	, ;		<u>Addres</u> s
1) Change		agricor			_	
Add				,	-	
Remove				;		
2) Change		_		<u> </u>		
Add				;		
Remove				!		
3) Change						
Add					-	
Remove					•	
				:	•	
4) Change					-	
Add				1		
Remove						
5) Change				t : :	_	
Add				İ	_	
Remove				:		
6) Change						
Add		-			•	
Remove				, , ,	•	

If amending or adding additional Articles, enter cha (Attach additional sheets, if necessary). (Be specific)	nge(s) here:
	1
	i
	1
	,
	:
	:
If an amendment provides for an exchange, reclassi provisions for implementing the amendment if not (if not applicable, indicate N/A)	fication, or cancellation of issued shares, contained in the amendment itself:
	<u> </u>
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The date of each amendment(s) adoption:	L ALBORITATION DE STATE	_, if other than the
date this document was signed.	TALLAHASSEF, FLORIDA	
Effective date if applicable:		_
(no more t	han 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amonds cat(s) wer/wore approved by the shareholde must be separately provided for each voting group entitle		
"The number of votes cast for the amendment(s) wa	as/were sufficient for approval	
by		
(voling group)	1	
The amendment(s) was/were adopted by the board of direction was not required.	ectors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporator action was not required.	s without shareholder action and shareholder	
Dated 05/12/14		
Signature A P S	Kenne	
	r officer — if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)	
John P Keane		
(Type	d or printed name of person signing)	-
President		
	(Title of person signing)	