## P04 600164582

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Jayor

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DILTS CO	ONSTRUCTION, INC				
DOCUMENT NUMBER: P04000164582					
The enclosed Articles of Amendment and i	fee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
KENT DILTS					
	Name of Contact Person				
DILTS CONSTRUC	DILTS CONSTRUCTION, INC				
	Firm/ Company				
1614 COLLEGE PA	ARKWAY				
	Address				
GULF BREEZE, FL	. 32563				
	City/ State and Zip Code				
diltsmr@mchsi.com					
E-mail address:	(to be used for future annual report notification)				
For further information concerning this mat					
Name of Contact Person	at (850 ) 38Q-2146  Area Code & Daytime Telephone Number				
	nt made payable to the Florida Department of State:				
\$35 Filing Fee  \$\sum \$43.75 Filing Certificate of					
Mailing Address 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				

## Articles of Amendment Articles of Incorporation

of DILTS CONSTRUCTION, INC (Name of Corporation as currently filed with the Florida Dept. of State) P04000164582

(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts	the following amendment
A. If amending name, enter the new name of the corpora	ration:	
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:		8
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u> )	世界 芸
		10 c
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered of fice	ffice address in Florida, enter the name of e address;	<u>the</u>
Name of New Registered Agent		<del></del>
(F	Florida street address)	
New Registered Office Address:	, Flor	ida (Zip Code)
New Registered Agent's Signature, if changing Registere	, and the second	(inp code)
I hereby accept the appointment as registered agent. I am j		ne position.
Signatura	of Naw Registered Agent if changing	<del></del>

## 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 <math>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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	TREA	Tina Dilts	1614 COLLEGE PARKWAY
X Add			GULF BREEZE, FL 32563
Remove			
2) X Change	VP	John Adams Jr.	1408 GEORGETOWN
Add		,	GULF BREEZE, FL 32563
Kemove			
3) Change	VP	JOSHUA JONES	1138 HARBOR LANE
Add			GULF BREEZE, FL 32563
X Remove			
4) Change			·
Add			
Remove			<u> </u>
5) Change			
Add			Parador Service - Maria
Remove			
6)Change			
Add			
Kemove			· · · · · · · · · · · · · · · · · · ·

	(Be specific)
I/A	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
or implementing the americal (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

ern la de la la de la	03/05/2017	, if other than the
The date of each amendment(s) adoption: date this document was signed.		, it other than the
03/05/2017		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, tof State's records.	this date will not be listed as the
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 amend for approval.	lment(s)
	y the shareholders through voting groups. The following s ting group entitled to vote separately on the amendment(s	
	mendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	the board of directors without shareholder action and shareholder	eholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharehol	der
Dated3/20/y	7	
Signature V	rL Date	
(By a director, p selected, by an	president or other officer – if directors or officers have no incorporator – if in the hands of a receiver, trustee, or oth diary by that fiduciary)	
KENT	DILTS	
	(Typed or printed name of person signing)	
PRESII	DENT	
	(Title of person signing)	