# P050000/3343

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## **COVER LETTER**

1,

TO: Amendment Section **Division of Corporations** 

NAME OF CORPO	RATION: PROLUXE PROF	PERTIES INC.	
DOCUMENT NUM	BER: P05000013343		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Anna West		
		Name of Contact Person	1
	PROLUXE PROPERTIES II	NC.	
		Firm/ Company	
	6911 Pistol Range Road Suit	e 101B	
		Address	<del></del>
	Tampa, Florida 33635		
		City/ State and Zip Cod	e
anril	@proluxeproperties.com		
<u> </u>		sed for future annual report	nutification)
	E-man address. (to be us	sed for rature annual report	nonneacion)
For further information	on concerning this matter, pleas	se call:	
Debbie Self		at (at	532-3020
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Mailing Address		Street	Address

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

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

### Articles of Amendment to Articles of Incorporation of



PROLUXE PROPERTIES INC.

(Name	of Corporation as currentl	y filed with the Florida Dept. of State)	<del>- :;</del>
P05000013343			•
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new n	ame of the corporation:		
IGC Builders Inc		The	new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbrev Co". A professional corporation name must conto	viation
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Matting datess MAT DE AT OST	<u>OTTICE BOX</u>		
D. If amending the registered agent ar	ıd/or registered office addı	ess in Florida, enter the name of the	
new registered agent and/or the ne	w registered office address	Ĺ	
Name of New Registered Agent	April L. Jordan		
	6911 Pistol Range Road S	uite 101B	
	(Florida str	eet address)	
New Registered Office Address:	Tampa	33635 Florida	
THE CONTRACTOR OF THE CONTRACT		(City) (Zip Code)	,
New Registered Agent's Signature, if c I hereby accept the appointment as regis		vit <u>h a</u> nd accept the obligations of the position.	
	. 0		
( )	$\alpha$ () $\Delta$		
	Signature of New K	egistered Agent, if changing	

# 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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Officer	<del></del>	Michael Bednarski	6911 Pistol Range Rd #101B
Add				Tampa, FI 33635
X Remove				
2) Change		_		<del></del>
Add				
Remove				
3)Change		_		-
Add ·				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		***
Add				
Remove				

	(Be specific)
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
f an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amen	ndment if not contained in the amendment itself:
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provisions for implementing the amen	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	e will not be listed as the
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):	If
"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.	
07-29-2016	
Dated	
Signature / Signature	
(B) 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)	
4	
Anna West	
(Typed or printed name of person signing)	
office/	
(Title of person signing)	<u> </u>