105000069275

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COVER LETTER

TO: Amendment Section 'Division of Corporations	• • • • • • • • • • • • • • • • • • •
NAME OF CORPORATION: _	BENSON ENGINEERING & CONSTRUCTION
DOCUMENT NUMBER:	P05000069275
The enclosed Articles of Amendm	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
	Name of Contact Person Sal Engine Engine & Construction Company Firm/ Company
154	6 NORTHGATE DRIVE Address
N	City/ State and Zip Code
	ress: (to be used for future annual report notification)
For further information concerning	this matter, please call:
Name of Contact Person	at (239) 784 - 8585 Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ng amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy Certificate of Status (Additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

· Articles of Incorporation of

Bensal Enginerie (Name of Corporation as curre		ida Dent. of State)	۲۱		
	0069275	,			
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.100e amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporation adopts t	he following		
A. If amending name, enter the new name of	f the corporation:				
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme and contain the wo	designation "Corp," "I fessional association," o	" "company," or "incorporated" nc," or "Co". A professional corpo			
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			· 300		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			· 20		
D. If amending the registered agent and/or new registered agent and/or the new registered agent agen	-	in Florida, enter the name of the			
Name of New Registered Agent:	stereu omee auuress.				
New Registered Office Address:	(Florida stree	t address)			
		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		and accept the obligations of the pos	sition.		
S	Signature of New Register	red 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>1.7.</u>	MICHAEL D. HAWKINS	BODITA GRING, FL 39135	Add Remove
			☐ Add ☐ Remove
			· =
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec		
	mendment provides for an exchange, recons for implementing the amendment if		
	not applicable, indicate N/A)	not contained in the amendment i	
		188 1111	

The date of each amendment(s	s) adoption:	6/15/09	
	(date of	adoption is required)	
Effective date <u>if applicable</u> : _	(no more than 90 days afte	r amendment file date)	
Adoption of Amendment(s)	(CHECK ON	E)	
The amendment(s) was/were by the shareholders was/wer	• •	ers. The number of votes ca	ast for the amendment(s)
The amendment(s) was/were must be separately provided			
"The number of votes ca	ast for the amendment(s) v	as/were sufficient for appro	oval
by	(voting group)	.,,	
(voting group)		
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.			
Dated	6/9/09		
Signature	director president or other	er officer – if directors or of	ficers have not been
selec		f in the hands of a receiver,	
	AUL	A. Benson	
	(Typed or prin	ted name of person signing))
	Presi	ned (
	(Title of person sig		