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COVER LETTER

TO: Amendment Section

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

Division of Corpo	orations		
NAME OF CORPOR	0	P J Building	ng Contractors. Inc
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
<u>J.</u>	B & D Bu 182 UNUCHU SSICUS Dic E-mail address: (to be us	Name of Contact Perso Name of Contact Perso Iding Cont Firm/Company Boyd Cou Address City/ State and Zip Cod Sed for future annual report	coctors the wart Rd 873 Com
For further information	concerning this matter, pleas	se call:	
Jessica Name o	Smith of Contact Person	at (803 Area Co	nde & Daytime Telephone Number
Enclosed is a check for	r 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)
	ling Address indment Section		Address Iment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

B+J Duild	no Contracto	ors. In	ገረ .		
(Name of Corporation as currently filed with th			-		
Posoool	4100104				
(Document Number of Corporation	100		•		
Pursuant to the provisions of section 607.1006, Florida Statutes, the	his <i>Florida Profit Corporation</i> add	opts the followin	g amendi	ment(s	i) to
its Articles of Incorporation:					
A. If amending name, enter the new name of the corporation:					
Pure Adrenaline Ent			_The n		
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporat				ı
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Usuchuta	aus FL 3	rt ' 387	Rd 3	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX &	13 a, Fl	.33	S-,	13
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		e of the	-		
Name of New Registered Agent					
(Florida	street address)				
New Registered Office Address:	, Florida		_		
(C	ity)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili		of the position		12 持衛	
vo y weept the appendiction as regions on agent. I am jumin	accept the conguitons	e, and position	1	\sim	3,774

Signature of New Registered 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove		.	
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Artical actional Artical additional sheets, if necessary).	(Be specific)	
		•
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	, , , , , , , , , , , , , , , , , , , 	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nge, reclassification, or cancellated dment if not contained in the am	tion of issued shares, endment itself:
		· · · · · · · · · · · · · · · · · · ·
 		
		

The date of each amendment(s) ado	ontion: 3	122	12
Effective date <u>if applicable</u> :	3	22/17	À
	(no more li	han 90 days afi	ier amendment file date)
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopt by the shareholders was/were suff.		. The number	of votes cast for the amendment(s)
The amendment(s) was/were appromust be separately provided for ea			
"The number of votes cast fo	or the amendment(s) wa	s/were sufficie	nt for approval
by	(voting group)		
☐ The amendment(s) was/were adopt action was not required.			hareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ted by the incorporators	s without share	holder action and shareholder
Dated 3	32/12		
Signature	Amit	<u> </u>	
selected,		in the hands of	rectors or officers have not been f a receiver, trustee, or other court
,)lssica s	Smith	1
_	(Typed or pri	nted name of p	erson signing)
	V	P	
	(Title of n	erson signing)	