

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



200303809742

03/25/17--01025--014 **52.50



GCT 05 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | RATION: BLUE COAST DE | RYWALL INC. | | |
|-----------------------------------|--|--|------------------------------|--|
| | BER: | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing | | |
| Please return all corre | spondence concerning this ma | tter to the followi | ng: | |
| | GASTON R. ALVAREZ, ES | SQ. | | |
| | | Name of Cont | act Person | |
| | GASTON R. ALVAREZ, P. | A. | | |
| | | Firm/ Cor | npany | |
| | 2655 S. LE JEUNE ROAD. | SUITE PH-1C | | |
| | | Addre | SS | · · · · · · · · · · · · · · · · · · · |
| | CORAL GABLES, FL. 3313 | 4 | _ | |
| | | City/ State and | d Zip Code | |
| GAS | TON@GRAPALAW.COM | | | |
| | E-mail address: (to be us | sed for future ann | ual report r | notification) |
| For further informatio | n concerning this matter, pleas | se call: | | |
| GASTON R. ALVAF | REZ, ESQ. | 3(|)5 | _) 443-3812 |
| Name | , | Area Cod | e & Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount made p | payable to the Flo | rida Depar | riment of State: |
| □ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Certified Cop (Additional copenciosed) | рy | ■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| <u>Mai</u> Ame Divi P.O. | Street Address Amendment Section Division of Corporations Clifton Building | | | |
| l all | ahassee, FL 32314 | | ∠00 L EX | ecutive Center Circle |

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 26, 2017

GASTON R ALVAREZ ESQ. 2655 S. LE JEUNE RD STE PH 1C CORAL GABLES, FL 33134

SUBJECT: BLUE COAST DRYWALL INC.

Ref. Number: P06000013645

We have received your document for BLUE COAST DRYWALL INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2017 annual report. The entity must be reinstated before this document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 317A00019406

Articles of Amendment Articles of Incorporation of

| | Articles of Incorporation | | _ |
|--|------------------------------------|------------------------------|--------------------------|
| | of | | FILED |
| BLUE COAST DRYWALL INC. | | 17 | 00- |
| (Name of Corporati | ion as currently filed with the F | lorida Dept. of State) | FILED OCT -4 AM 10: 3 |
| P06000013645 | | 100 mg | W. District |
| (Docun | nent Number of Corporation (if k | (nown) | HASTEE FEET |
| ` | • | | |
| Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation: | a Statutes, this Florida Profit Co | rporation adopts the follo | wing amendment(s) |
| A. If amending name, enter the new name of the co | orporation: | | |
| PADRON CONSTRUCTION & DEVELOPMENT I | NC. | | - |
| name must be distinguishable and contain the wor "Corp.," "Inc" or Co.," or the designation "Corp word "chartered," "professional association," or the | o," "Inc," or "Co". A profession | | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | | | |
| (Walling address MAT BE A POST OFFICE BO | <u></u> | | |
| | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | iter the name of the | |
| Name of New Registered Agent | | | |
| | (Florida street address) | | |
| | (1 10) tad 31/00 tado 033y | | |
| New Registered Office Address: | Cind | , Florida | 2: 6 13 |
| | (City) | {/ | ap Code) |
| New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent. | | e obligations of the positic | on. |
| | | | |
| Sign | nature of New Registered Agent. i. | f 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 Do | <u>e</u> | |
|----------------------------|--------------|----------|------------------|----------------------|
| X Remove | <u>V</u> | Mike Jo | <u>nes</u> | |
| X Add | <u>SV</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| i) Change | D/VP | _ | CARLOS A. PADRON | 3320 S. W. 75 AVENUE |
| X Add | | | | MIAMI, FL. 33155 |
| Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (у погаррисавіе, таксаве кілі) | |
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| The date of each amendment(s) adoption: | , if other than th |
|--|---|
| date this document was signed. | |
| Effective date if applicable: | |
| (no more than 90 days after amendment file | e date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requir document's effective date on the Department of State's records. | rements, this date will not be listed as th |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval. | ne amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the amendment. | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action action was not required. | and shareholder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required. | shareholder |
| SEPTEMBER 22, 2017 | |
| Dated | |
| Signature Mario + 1/m | |
| (By a director, president of other officer -if directors or officers | |
| selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that fiduciary) | e, or other court |
| ADRIANO L. PADRON | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| | |

(Title of person signing)