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SEGNETAR) OF STAPE
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AGC BUILDERS	INC		
DOCUMENT NUMB				
	of Amendment and fee are st	ibmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	DAVID BELOVICZ			
		Name of Contact Person	)	
		Firm/ Company		
	2521 NW 17TH LN BAY 1			
		Address		
	POMPANO BEACH, FL 33	H064		
•		City State and Zip Cod	<u></u>	
into@	99floors.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
DAVID BELOVICZ		954 at (	947-1500	
Name of Contact Person		at (954 ) 947-1500 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State	
S35 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 Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building		
Tallabassee, F1, 32314		2661 Evecutive Center Carlo		

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation

οf

AGC BUILDERS INC				
( <u>Name</u>	of Corporation as current	y filed with the Florida Dept. of	State)	
P06000026867				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation	.1006, Florida Statutes, this	Florida Profit Corporation adopt	s the following amendment(	
A. If amending name, enter the new n	ame of the corporation:			
		<del></del>	The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ration "Corp," "Inc," or "	Co : A professional corporation	d" or the abbreviation (name must contain the	
B. Enter new principal office address,	if applicable:	2521 NW 17TH LN		
(Principal office address <u>MUST BE A S</u>		BAY I		
		POMPANO BEACH, FL 33064		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2521 NW 17TH LN BAY 1	17 00 187 00 1 ALL'A!	
		POMPANO BEACH, FL 3306		
D. If amending the registered agent ar	id/or registered office add	ess in Florida, enter the name of		
new registered agent and/or the ne			3: 51 LONDA	
Name of New Registered Agent	2521 NW 17TH LN BAY	1	•	
		eet addressi	-	
New Registered Office Address: PO	POMPANO BEACH		33064	
		<u> </u>	orida <u></u> <i>(Zip Code)</i>	
			•	
N. B. C. Lander				
New Registered Agent's Signature, if c I hereby accept the appointment as regist	nanging Registered Agent vered agent. I am tamiliar s	: with and accept the obligations of i	the position	
•		,	<b>(</b>	
	Standard CM as E	anistaral Arant if shanana		

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 = Charman 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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	CEO	DAVID BELOVICZ	2521 NW 17TH LN
XAdd			BAY I
Remove			POMPANO BEACH, FL 38064
2) Change		_	
Add			
Remove			
3.) Change			
Add			
Remove			<del></del>
4) Change	<del></del>		
Add			_
Remove			
51 Change			
Add			
Remove			<del></del>
б) Change			<del>-</del>
Add			<del></del>
Remove			

mach addition	<mark>adding additional A</mark> il sheets, if necessary	e). (Be specific)	<del></del>			
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<u>l an amendmen</u> provisions for i	nt provides for an eximplementing the ar	<u>vehange, reclassifi</u> mandmant if not a	cation, or cancella	ation of issued sha	res.	
(if not appl	icable, indicate N/A)	incirculation in more	omanieu in the an	nenament (tsen:		
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			**	<del></del>	<del></del>	
<u> </u>						
		<del></del>				
	<del></del>					

	, if other than the
date this document was signed	
Effective date <u>if applicable</u> :  ino more than 90 days after amendment jile dater	
ino more than 90 days after amendment file dater	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date 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 amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shateholders through voting groups. The tollowing smust be separately provided for each voting group entitled to vote separately on the amendments.	statement G
"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 and shar action was not required.	eholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	der
OCTOBER 17, 2017 Dated Signature	
(By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	i been er court
RUBEN FUSTER	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	