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Fax Number : (850) 617-6380

From:

Account Name : AIT PLUS CONSULTING

Account Number : I20080000061

: (407)582-9830

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: (407)294-7677

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| The second 19 | Address | | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN FPS CONSTRUCTION, INC.

| Certificate of Status | |
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| Certified Copy | 0 |
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COVER LETTER

"TO: Amendment Section Division of Corporations FPS CONSTRUCTION, INC. NAME OF CORPORATION: P06000068135 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA PINHEIRO (Name of Contact Person) AIT PLUS CONSULTING, LLC (Firm/ Company) 7022 CARLENE DR (Address) ORLANDO, FL 32835 (City/ State and Zip Code) maria@aitplus.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA PINHEIRO (Name of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Bullding

> 2661 Executive Center Circle Tallahassoo, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

| FPS CONSTRUCTION, INC. | | |
|---|--|---------------------|
| (Name of Corporation as currently filed with the Flor | ids Dept, of State) | |
| P06000068135 | | |
| (Document Number of Corpora | tion (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation: | this Florida Not For Profit Corporation t | dopts the following |
| 4. If amending name, enter the new name of the corporation | on: | |
| | | The new |
| name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name. | on" or "incorporated" or the abbreviation | "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| If amending the registered agent and/or registered office new registered agent and/or the new registered office ad | e address in Florida, enter the name of the | <u>e</u> |
| Name of New Registered Agent: | | |
| | Florida street address) | |
| New Registered Office Address: | , , , , , , , , , , , , , , , , , , , | |
| | , Florida | |
| (City) | (Zip Code) | |
| iew Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fam | scent: iliar with and accept the obligations of the | position. |
| Signature of New Registe | red Agent, if changing | ** 1 9 |
| P | age 1 of 4 | 12 OCT |

FILED

12 OCT 29 MH 10: 42

SLURETARY OF STATE
ALLAHASSEE, FLORIBA

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 X.Remove X. Add | <u>V</u> <u>Mik</u> | n Doe to Jones ty Smith | |
|-----------------------------------|---------------------|-------------------------------|-----------------------|
| Type of Action (Check One) | <u>Titlo</u> | Name . | Address |
| 1) Change | DIR | JEFFREY LEITE TOSTES | 2534 ROLLING BROAK DR |
| X | | | ORLANDO, FL 32837 |
| Remove | | | |
| 2) Change | <u>VP</u> | MARCELO M CORREA | 2534 ROLLING BROAK DR |
| Add | | | ORLANDO, FL 32837 |
| X Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | · | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| б) Change | | | |
| Add | | | |
| Remove | | | |
| | | Page 2 of 4 | |

| If amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) | |
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| The date of each amendment(s) add | option: 10/36/3017 |
|--|--|
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| | |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add was/were sufficient for approval | opted by the members and the number of votes cast for the amendment(s) |
| There are no members or members adopted by the board of director | ers entitled to vote on the amendment(s). The amendment(s) was/were |
| Dated OCTOE | BER/26, 2012 |
| Signature | |
| (By the chairn have not been | nan or vice chairman of the board, president or other officer-if directors n selected, by an incorporator — if in the hands of a receiver, trustee, or ppointed fiduciary by that fiduciary) |
| JAMIL SWA | AID |
| (| Typed or printed name of person signing) |
| PRESIDEN | IT . |
| | (Title of person signing) |