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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: COLEMAN CONSTRUCTION PROFESSIONALS, CORP.

DOCUMENT NUMBER: P06000079801

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE JARDIM JUNIOR

(Name of Contact Person)

SHOCKMEDIA CORPORATION

(Firm/ Company)

7862 W IRLO BRONSON HWY #121

(Address)

KISSIMMEE, FL 34747

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOSE JARDIM at (407) 855-0660

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
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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
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**

COLEMAN CONSTRUCTION PROFESSIONALS, CORP.

(Name of corporation as currently filed with the Florida Dept. of State)

P06000079801

(Document number of corporation (if known))

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TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE VII - BOARD OF DIRECTORS - The Corporation has five officers. The name and post office address of the officers who subject of the provisions of the Corporation and the Statutes of the State of Florida, shall hold office for their successors have been elected and qualified, are as follows:

President : MARIA COLEMAN - 6295 POWERS AVENUE, 2nd FLOOR - JACKSONVILLE FL 32217 US

President: UESLEI NOGUEIRA - 6295 POWERS AVENUE, 2nd FLOOR - JACKSONVILLE FL 32217 US

Secretary: WALISON NOGUEIRA - 6295 POWERS AVENUE, 2nd FLOOR - JACKSONVILLE FL 32217 US

Secretary: WANDERLEY DE SOUZA - 6295 POWERS AVENUE, 2nd FLOOR - JACKSONVILLE FL 32217 US

Director: WALDIR P. DE SOUZA - 6295 POWERS AVENUE, 2nd FLOOR - JACKSONVILLE FL 32217 US

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 09/07/2006

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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 shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Ueslei Soares Nogueira
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

UESLEI NOGUEIRA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35