## Po6000120362

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Prime General Co	ntractors, Inc.	
DOCUMENT NUMBER: P06000120362		
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Connie Moneymaker		
	Name of Contact Person	n
Prime General Contractors, 1	nc.	
	Firm/ Company	
9431 Cypress Lakes Drive		
	Address	
Fort Myers, Florida 33919		
-	City/ State and Zip Cod	e
info@primegeneralcontractors.con	ı	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea-	se call:	
Connie Moneymaker	239 at (	de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\text{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 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 MAY 18 PH 12: 30

Prime General Contractors, Inc.			
(Name	of Corporation as currently	filed with the Florida D	ept. of State)
P06000120362			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corp	rporated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appli			
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
<ul> <li>If amending the registered agent an new registered agent and/or the new</li> </ul>	d/or registered office addre v registered office address:	ss in Florida, enter the n	<u>iame of the</u>
	John C Jones, Sr		
Name of New Registered Agent	9431 Cypress Lakes Drive		
	(Florida stree	of address l	
	Fort Myers	a adaress)	33919
New Registered Office Address:		Citv)	Florida (Zip Code)
	(4	zuy)	(Eif) Coue)
New Registered Agent's Signature, if c	hanging Registered Agent:		
hereby accept the appointment as regist	ered agent. I am familitir wi	th and accept the obligati	ons of the position.
	Signature of New Re	gistered Agent, if changin	<u></u>
			<u>.</u>

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 <math>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>	Name	<u>Addres</u> s
!) Change	P	John C. Jones 11	9431 Cypress Lakes Drive
Add X Remove			Fort Mycrs, FL 33919
2) Change	P	John C. Jones, Sr	9431 Cypress Lakes Drive
X Add			Fort Myers, FL 33919
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5)Change		<del></del>	
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	,
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) ado	ption:	FILED SECRETARY Community, if other than the
date this document was signed.	ि	STATEM OF LURCH CLASS (ME)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	15 HAY 18 PM 12: 30
	(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<b>Note:</b> If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast fo cient for approval.	r the amendment(s)
	wed by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder acti	ion and shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action a	nd shareholder
5/12/2015 Dated		
Signature	John Jos &	
(By a dire	ector, president or other officer – if directors or office by an incorporator – if in the hands of a receiver, tru	ers have not been
appointed	I fiduciary by that fiduciary)	sec, or other court
Jo	ohn C. Jones, Sr	
_	(Typed or printed name of person signing)	
P	resident	
_	(Title of person signing)	