P06000142141

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2017 AUG 16 PM 4: 50

AND S. W. W. C.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BCLS Contracting, Inc. DOCUMENT NUMBER: POLO000 142 141	2817 AUG 16 PM 4: 58
The enclosed Articles of Amendment and fee are submitted for filing.	8
Please return all correspondence concerning this matter to the following:	74
Gregory L. Sheldon Rame of Contact Person GCLS Contracting For Error Company B374 For est DALS Blud Address Spring Hill FL 344004 City/ State and Zip Code Sharony. Sheldon @ gcls contractin E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
1	C
bregory L Sheldson at (352) 398-2349 Name of Contact Person Area Code & Daytime Telephone Numb	1 per
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	
Matter Address	

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

Articles of Incorporation

(Name of Corporation a currently filed with the Florida Dept. of State)

P06000142141

nt(s) to

(Document	Number of Corporation (if known)	۶.
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the	e following amendme
A. If amending name, enter the new name of the corpor	ration:	
name must be distinguishable and contain the word "e	symptotics " "company " as "incorporated."	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	lnc," or "Co". A professional corporation na	ime must contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amonding the registered agent and/or registered	ffice address in Planta, anter the same of the	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.		<u>c</u>
Name of New Registered Agent		
		
	Florida street address)	
New Registered Office Address:	. Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	ced Agent:	
I hereby accept the appointment as registered agent. I am		position.
	AN Buston Laure W. L	

Signature of New Registered Agent, if 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	PT John I	<u> Doe</u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	CEO	SAM AMBAR	1135 Prince PL
Add Remove			Lakeland FL 33813
2) Change Add	<u> </u>	Brian Sheldon	1091 Centerwood Are Spring Hill Fr 34606
X Remove	<u>f</u> ,s	Gregory L. Shelds	n 7302 Bahama Swalow Arence Weeke Wackel Fe 34613
4) Change Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endonent if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>.</u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	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 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)	
(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.	
Dated 8-14-17	
Signature My St	
(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)	
Gregory C. She Has (Typed or printed name of person signing)	
President	
(Title of person signing)	