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SECRETARY OF STATE
ASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

82

NAME OF CORPORATION:	A & E CONS	STRUCTION OF NORTH FLOR	DA INC
DOCUMENT NUMBER: P06	6000153159		
The enclosed Articles of Amend	ment and fee a	re submitted for filing.	
Please return all correspondence	concerning thi	s matter to the following:	
JAMES CREWS			
,	(Name o	of Contact Person)	
A & E CONSTI	RUCTION OF	NORTH FLORIDA INC	
	(Fir	rm/ Company)	
11457 VERA DI	RIVE		
		(Address)	
JACKSONVILLE	FL 32218		
	(City/ S	tate and Zip Code)	
For further information concern	ing this matter,	please call:	
JAMES CREWS		at (904) 3386474	
(Name of Contact Per	son)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check for the follo	wing amount:		
	Filing Fee & ate 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	5	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	е

Articles of Amendment 07 JUN 21 PM 3: 28 to Articles of Incorporation ECRETARY OF STATE of FALLAHASSEE. FLORIDA

A & E cONSTRCUTION OF NORTH FLORIDA INC

P06000153159

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

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)
ADD MICHEAL SAWYER AS V.P.
CHANGE MAILING ADDRESS TO PO BOX 18362 JAX FL 32229
(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)
(continued)

The date of each amendment(s) adoption: 06152007
Effective date if <u>applicable</u> : 06152007 (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 (By a directory 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) JAMES CREWS (Typed or printed name of person signing)
PRESIDENT (Title of person signing)

FILING FEE: \$35