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OPDEC 29 PM IZ: 01
SECRETARY OF STATE
AND ANASSEE, FLORID

C.COULLIETTE

JAN 0 4 2010

EXAMINER

TO: Amendment Section Division of Corporations GULF COAST REBAY INC The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: had Jones Coast Rebar, Coastrebarine and distributed annual report notified For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: 43.75 Filing Fee & \$43.75 Filing Fee & \$35 Filing Fee \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Arti	icles of Incorporatio	n		
0 . 0 .	of			
bult Coast r	Rebar,	Inc.		
(Name of Corporation as currently	y filed with the Florid	a Dept. of State)		
P080000S	1349			
(Document Number	of Corporation (if kno	own)		
Pursuant to the provisions of section 607,1006, Famendment(s) to its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporatio	on adopts the	following
A. If amending name, enter the new name of the	e corporation:			
			The r	iew
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess	signation "Corp," "Inc	c," or "Co". A profess	ional corporal	
B. Enter new principal office address, if applica	ble:		gret e S	
(Principal office address MUST BE A STREET A			1	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Paramete.
C. Fatanana malla addusa if amiliada			7337 738	ac social es
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			English #
			103 71.9 71.9 71.9	Tar Same
				
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, enter the na	me of the	
new registered agent and/or the new register	eu office audress.			
Name of New Registered Agent:				
New Registered Office Address:	(Florida str e et	address)		
		, Florida	1	
***************************************	(City)	(Zip Code)		
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registered ager		and accept the obligation	ns of the positi	on.
Sien	ature of New Registere	ed Agent, if changing	_	

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Effective date <u>if applicab</u>	le:12 [[5]09
	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) (<u>CHECK ONE</u>)
 -	s/were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
	s/were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was action was not required	s/were adopted by the board of directors without shareholder action and shareholder d.
The amendment(s) was action was not required	s/were adopted by the incorporators without shareholder action and shareholder d.
Dated	12/15/09
Signatu	re ()
57 6	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator – if if the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President
	(Title of person signing)