## Pozeco6943

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SECRETARY OF STATE

C GOLDEN
JUL - 3 2018

## **COVER LETTER**

.

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	I CONSTRUCTION INC
DOCUMENT NUMBER: PO800	100 6/943
The enclosed Articles of Amendment and fee are st	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Bien	Name of Contact Person
	Name of Contact Person
MET	Construction Inc
	Firm/ Company
	WetStone Rd Address
	Address
	Address  F1. Myels F1. 33917  City/ State and Zip Code
,	City/ State and Zip Code
	sed for future annual report notification)
For further information concerning this matter, plea	se call:
BrenDA RANFORM	at (239 ) 410 - 45 11
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\int \text{QS}\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)}
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

2018 JUN 29 PM 2: 27

	istruction	Tik	SE	CRETARY OF STA
·—	Corporation as currently	filed with the Florid	da Dept. of Stafe	LAHASSEE. FLOR
<u> </u>	,1943			
	(Document Number of	Corporation (if know	n)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06. Florida Statutes, this I	Florida Profit Corpor	ation adopts the following	lowing amendment(s)
A. If amending name, enter the new name	of the corporation:			
				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	Co". A professional		
B. Enter new principal office address, if a (Principal office address MUST BE A STR.)				<del></del>
				·
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF				
				<del></del>
D. If amending the registered agent and/o new registered agent and/or the new re			the name of the	
Name of New Registered Agent				
	(Florida stre	ret address)		
New Registered Office Address:			. Florida	
	,	(City)	··	(Zip Code)
Now Begintared Agent's Signature if shore	saina Dagistouad Agants			
			ligations of the posi	tion.
<del></del>	Signature of New R.	egistered Agent if chi	ınging	<del></del>
D. If amending the registered agent and/or new registered agent and/or the new resistered agent and/or the new resistered Agent  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if chart I hereby accept the appointment as registered.	egistered office address:  (Florida stre  gaing Registered Agent: ad agent. I am familiar w	vet address) (City)	, Florida ligations of the posi	•

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.

X Change	PT John I	<u>One</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
i) Change	Officer	gessie GARNell	2560 4th Are NE
_X Add		•	NAPICS FI 34120
Remove			
2) Change			
Add			<del> </del>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	
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<del></del> · · · · · · · · · · · · · · · · ·	
	·
·· <del>···········</del>	
S	
ran amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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.	I 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	
☐ 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 David Signature	
(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	<u>—</u>
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	