## P080000 64419

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: BORN Front Contracting and Design DOCUMENT NUMBER: DOSO 000 64419
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Degan Firm/ Company  Aloga Na Sau RC  Address  WPB Fla 33407  City/ State and Zip Code  Patricia beas led a hell south, net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (SLel) 317-375 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S35 Filing Fee Certified Copy (Additional Copy is enclosed)  S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles o	f Amendment				
Articles of	to Incorporation of				
Ocean front	(ontracting	and Design alac			
	ently filed with the Florida Dept. 61 つのののしょくりり	State)			
	r of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation:	iis <i>Florida Profit Corporation</i> adopt	s the following amendment(s) to			
A. If amending name, enter the new name of the corporation:					
		The new			
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviation and must contain the			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2692 Mas WPB	Sau Rd			
	<del></del>	33406			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2692 Nas	sau Rd			
	W.P.B	Fla 33406			
	<del></del>				
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses.		the			
Name of New Registered Agent					
		<del> </del>			
(Florida	street address)				
New Registered Office Address:	, Flo	rida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
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	<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>	<u>Name</u>	<u>Addres</u> s
1) Change		Matthew   BEA	Asley Jr.
Add Remove			1 3423 10 aug No Lake Worth Fl
2) Change			5346
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	••		
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
f an awandwant waasidaa faa ay ay ba	
provisions for implementing the amen	inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
<del></del>	

The date of each amendment(s) adoption:date this document was signed.	1-25/19		, if other than the
Effective date if applicable:	1		
	(no more than 90 days after	r amendment file date)	<del></del>
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statuto f State's records.	ory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of approval.	votes cast for the amendment(s)	I
☐ The amendment(s) was/were approved by the must be separately provided for each voting	e shareholders through voting to group entitled to vote separat	groups. The following statementely on the amendment(s):	ut
"The number of votes cast for the amen	idment(s) was/were sufficient f	for approval	
by(vot	- <u>-</u>	••	
(voti	ing group)	<del></del> '	
☐ The amendment(s) was/were adopted by the baction was not required.	ooard of directors without share	eholder action and shareholder	
The amendment(s) was/were adopted by the is action was not required.	ncorporators without sharehold	ler action and shareholder	
Dated 1/. 2 <	5 115		
Signature J ~~~	ricee of Be	al Ce	
(By a director, presid selected, by an incorp appointed fiduciary b	dent or other officer – if directo porator – if in the hands of a re by that fiduciary)	ors or officers have not been ecciver, trustee, or other court	
	Patricia T	BEASLU	
{T,	yped or printed name of persor	n signing)	
	Secre	Lour	
<del></del>	(Title of person signi	ng)	