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| (Re | equestor's Name) | | |
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| (Cit | ty/State/Zip/Phon | e #) | |
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13 NOV 25 PM 12: 54
SECRETARY OF STATE
FALL ANASSEE FLORIDA

APPROVED AND FILFO

C. LEWIS

DEC 3 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| • | | | | |
|---|--|--|--|------------|
| NAME OF CORPORA DOCUMENT NUMBE | 1/19/1000 | nt Financino | & Construction Acco | unting Inc |
| The enclosed Articles of | *Amendment and fee are su | bmitted for filing. | | |
| Please return all correspo | ondence concerning this ma | tter to the following: | | |
| - - | Kir | Name of Contact Person | | |
| <u> </u> | expensent time | Firm/ Company | tion Allourting Inc. | |
| , | 11523 [almbr | ush Trail S | 41te357 | |
| | 1 1/ 0 | Address | | |
| 4 | Lakewood Ran | ch Florida | 34202 | |
| | | City/ State and Zip Code | 2 | |
| | La Walcara 11 AL | -lile acm-1 | [01] | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| | · | • | | |
| For further information of | concerning this matter, pleas | se call: | | |
| W 1 , | | | | |
| Mimberly | Otis | at (_ <i>94/</i> _ | 5/8-8368 | _ |
| Name of | Contact Person | Агев Со | de & Daytime Telephone Number | |
| Enclosed is a check for t | he following amount made | payable to the Florida Depa | rtment of State: | |
| □ \$35 Filing Fee | \$43.75 Filing Fee & Certificate 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) | |
| <u>Mailir</u> | ng Address | Street | Address | |
| Amendment Section | | | Amendment Section | |
| Division of Corporations P.O. Box 6327 | | | Division of Corporations | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | | |
| | | | ssee, FL 32301 | |

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Articles of Amendment to Articles of Incorporation

13 NOV 25 PM 12: 54

SECRETARY OF SISTE

| Development Financins & Const. | of March True All | (New Char | TALLAHASSE | E FLORIDA |
|---|-------------------------|----------------------|---------------------------|----------------------------|
| (Name of Corporation as currently filed w | | pt. of State) | UIC. | - |
| 109000011916 | | | | |
| (Document Number of Corp | poration (if known) | | | _ |
| Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation: | tutes, this Florida P | rofit Corporatio | n adopts the following | ng amendment(s) to |
| A. If amending name, enter the new name of the corpor ASAP ESTIMATING & Development | ration: Ament Fine | ancing In | 10 | _The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," "word "chartered," "professional association," or the abbi | Inc," or "Co". A p | | | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES | $\frac{1/3}{2}$ | 523 /4/1 Kewaad / | nbrush Trail Sanch F23 | <u>il</u> S4ite357 Y202 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 113 | 123 Palm | brush Trail. Ranch FL3 | 54/te357 14202 |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered office | | orida, enter the | name of the | - |
| Name of New Registered Agent | | | <u></u> | |
| | (Florida street address | :) | | |
| New Registered Office Address: | (Cital) | , Flor | ida(Zip Code) | _ |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | | ccept the obliga | tions of the position. | |
| Signature of New Ro | egistered Agent, if ch | hanging | | |

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 Doe | |
|-------------------------------|------------|---|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | <u> </u> |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | ***** |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | No Platform Laboratory of the Particle Control of the | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s) here: (Be specific) |
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| f an amendment provides for an eych | ange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| provisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
| provisions for implementing the amer | ndment if not contained in the amendment itself: |
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| provisions for implementing the amer | ndment if not contained in the amendment itself: |

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| The date of each amendment(s) ad | ontion: March 1, 2013 | 13 NOV 25 PM 12: 54 |
|---|---|---|
| date this document was signed. | March 1, 2013 | 13 NOV 25 PM 12: 54, if other than the SECRETARY OF STATE TALL AHASSEE, FLORIDA |
| Effective date <u>if applicable</u> : | (no more than 90 days after amen | dment file date) |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopt the shareholders was/were suf | pted by the shareholders. The number of votes fricient for approval. | cast for the amendment(s) |
| | roved by the shareholders through voting group each voting group entitled to vote separately or | |
| "The number of votes cast f | or the amendment(s) was/were sufficient for ap | proval |
| by | (voting group) | 33 |
| | (voting group) | |
| The amendment(s) was/were adoraction was not required. | pted by the board of directors without sharehold | der action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder a | ction and shareholder |
| Dated Not | Venber 22 20/3 | |
| Signature / | while HOtes | |
| | rector, president or other officer - if directors of | |
| | by an incorporator – if in the hands of a received fiduciary by that fiduciary) | |
| | od fiduciary by that fiduciary) Mimberly A Otis Typed or printed name of pe | |
| | (Typed or printed name of pe | rson signing) |
| | 77-57-6771 | |
| | (Title of person signi | ng) |