## P09000013651

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(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

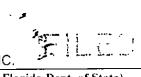
**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:EP PAVERS	OF FLORIDA, INC	·
DOCUMENT NUMB	ER: <u>P09000013651</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		ERIC PEREZ	
-		Name of Contact Perso	n
	EP PAVERS OF FLORIDA, INC.		
-	Firm/ Company		
	1	000 STATELY OAK	S DR
-		Address	· · · · · · · · · · · · · · · · · · ·
		INVERNESS, FL 3	34453
		City/ State and Zip Cod	le
	i	info@bnmultiservices.	com
<del></del>		sed for future annual report	
For further information	concerning this matter, pleas	se call:	
· -	IC PEREZ	at ( <u>352</u>	) 601-1730
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment 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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

of



	EP PAVERS OF FL	ORIDA, INC.	
(Name of	Corporation as currently f	iled with the Florida Dept. of State)	
,	P0900001	3651 2019 MAT 20 P	24 # 9
	(Document Number of C	orporation (if known)	
		tale ahalgelia i	1. July 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the fo	llowing amendment(s) to
·		'	
A. If amending name, enter the new nar	ne of the corporation:		
		<u> </u>	The new
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associati	ution "Corp," "Inc," or "Co	C. A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable:		1000 STATELY OAKS DR	
(Principal office address MUST BE A ST	REET ADDRESS )	INVERNESS, FL 34453	
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		1000 STATELY OAKS DR	
		INVERNESS, FL 34453	
		-	
D. If amending the registered agent and new registered agent and/or the new	l/or registered office address	s in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	ERIC PEREZ		
	1000 STATELY O	AKS DR	
	(Florida street	address)	<del></del>
New Registered Office Address:	INVERNESS	, Florida	34453
New Registered Office Address.	(C	ity)	(Zip Code)
		.,	·
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	ered agent. I am familiar wit	h and accept the obligations of the pos	sition.
(7	the D		
	Signature of New Reg	gistered 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>	Address
l) Change			
Add			·
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			<u></u>
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	05/09/2019	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	05/09/2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendmen or approval.	t(s)
	the shareholders through voting groups. The following statesing group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	voting group)	
(	voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder	
Dated 05/14/2	019.	
Dated <u>05/14/2</u> Signature	-1	
(By a director, pr	resident or other officer – if directors or officers have not bee	
	ncorporator – if in the hands of a receiver, trustee, or other co	urt
appointed fiduci	ary by that fiduciary)	
	(Typed or printed name of person signing)	
	Prejident.	
	(Title of person signing)	