Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000220870 3)))



H090002208703AB0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000 Fax Number : (850)558-1575

COR AMND/RESTATE/CORRECT OR O/D RESIGN

JT CONSTRUCTION GROUP INC.

CT 20 AM 8: 00
RETAKY OF STATE WHASSEE, FLORIDA

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

L'al-



October 20, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

JT CONSTRUCTION GROUP INC. 9320 NW 20TH PL SUNRISE, FL 33322US

SUBJECT: JT CONSTRUCTION GROUP INC.

REF: P09000077663

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list title and address for officer you are removing.

If the corporation is a PROFIT corporation it must be signed 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 appointed fiduciary, by that fiduciary.

If the corporation is a NOT FOR PROFIT corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H09000220870 Letter Number: 509A00033501

| Name of | New Registered A | gent: | | | , i | <u>. i</u> . i . | |
|---------|--------------------|-------------|---------|-------------|----------|------------------|-----|
| | | | | | | | |
| Nov Reg | istored Office Add | ress: | (Florid | da street e | address) | . | |
| | | | . • | | | , Florid | a · |
| | | | (City) | | (Z | p 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: (Altach additional sheets, if necessary)

| Ti | <u>tle</u> | . ; | Name | | | | Address | | | | Ty | ne of Action |
|-------------|---------------------------------------|---------------------------------------|---|---------------------------------------|---|------------------|---------------------------------------|---------------------------------------|--|--|-------------|---------------|
| D | ·: : | | JEFFREY | T MARTIN | | | 9320 N | | | | | Add |
| | • | ٠. : | * | | | | Sunris | e, Fl | . 333 | 22 | | Remove |
| | • | ., | | | | | | •••• | | | . : | : :::: |
| . <u></u> | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | : . | · ; , | | <u>.</u> | | Add |
| | | | , | • | | ٠. | ` | . , . | | | | Remove |
| | | | | | :. | | <u>Sananan</u> | • • • • • • | ·. · · · | · . · . · | • | |
| | | • . | . <u> </u> | <u> </u> | <u>,</u> | | | · | <u> </u> | | | Add |
| | | ·. ; | | | | | | · · · · · · · · · | | ****** | u | Remove |
| | | | * * * * | | | | | | 1 111 | | ٠, | |
| R | Ifan | ihea | ng or oddfr | ng ndditional | Articles | mtor cl | nonge(s) her | mo' | | | | |
| | | | | is, if necessar | | specific | | •• | | : | | |
| · | | | <u> </u> | | | *. | · | | - 1 - 1 - 1 - 1 - 1 - 1 | i, . | · · | . 1 5 1 1 196 |
| ٠. | `: | | | | | | | | '. | 1 | · | |
| <i>:</i> · | • • • • • | . : | | | | , | | • • • • • | • • | • | ٠ | |
| ÷ | · · · | · .: · .:: ;: | | | <u> </u> | · · · · · · | | | ** | ` | • | |
| | | 5 - 5 - | | | | . • • [4, • § | | | | ., ., ., | | |
| •• | • , | | | | 40) - 21) | | | | a turik Kumata | | | |
| · | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | | | | | | | • ;; | |
| | · · · · · | · · · · · · · · · · · · · · · · · · · | <u></u> | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 1 (4.1) | | | |
| | | | | | | | | | · | · · · · · · · · · · · · · · · · · · · | | |
| | | • | | | | | | | | | ٠. ٠ | |
| F. | <u>Ll'an</u> | ame | ndment pr | ovides for an | ı exchange | , reclas | sification, | orcance | llation | ofissu | eds | hares, |
| | prov | ision | s for imple | menting the indicate N/A | amendmer | n t if mo | <u>contained</u> | in the a | mendm | <u>ent its</u> | elf: | , : ' : - : |
| | (| y not | аррисаоге, | inalcale IV/A | y | • | | ٠. | | ٠:. | | • ; |
| <u> </u> | ····· | <u>:</u> | | | | | | | | | | <u> </u> |
| | | | : | | | : • • | | | | | | , , |
| | | . 57 77 7 | | | 1, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, | | | | | | | |
| • | | | ** | :: | | | • • • • • | | · · · · · | | | |
| | | • | · . | | | · · · | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | • • • | | | | | • | |
| | | 111 | 4. 144 14 1 | | | • • • | · · · · · · · · · · · · · · · · · · · | · · · · · · · · | · | · | | |
| | | <u></u> | <u> </u> | | ; ; <u>; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; </u> | <u> </u> | | <u> </u> | : * : . 4 5 4 5 . | | | |

| The date of each ar | nendment(s) adoption: | 10/13/09 | | · · · · · · · · · · · · · · · · · · · |
|---|--|----------------------|---|---------------------------------------|
| | | (date of adoptic | on is required) | |
| Effectivedateifap | | | | · · · · · · · · · · · · · · · · · · · |
| | (no more than 9 | U days after amen | dment file date) | |
| A 3 | | acer carms | • | |
| Adoption of Amen | dment(s) (CH) | ECK ONE) | · : | |
| | (s) was/were adopted by the lers was/were sufficient for a | | e number of votes co | ist for the amendment(|
| | (s) was/were approved by the | | | |
| "The numbe | er of votes cast for the amend | lment(s) was/wer | sufficient for appro | val |
| by | | : | ** | |
| V J | (voting group) | | | |
| <u></u> | | | | |
| The amendment | (s) was/were adopted by the t | board of directors | without shareholder | action and shareholde |
| uotion tina noi n | odumon. | | 医特克特氏病 | . : : : |
| The amendment(| (s) was/were adopted by the | incorporators with | ıout shareholder acti | on and shareholder |
| motivit typis first it | Minion; | | | |
| | 10/13/09 | • | | |
| D | ntcd | ·. ·. | | |
| Si | gnature | a Cuit | lla | |
| | (By a director, preside selected, by an incorpo appointed fiduciary by | orator - if in the h | | |
| | SANI | DRA CIVITILLO | | |
| | (Турс | ed or printed nam | c of person signing) | |
| | OWNE | R / Preside | ent | |
| | | person signing) | | <u></u> , |
| • | (i iiia ot | heranii aikinii(k) | | |