# P1000006901

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TALLARYSSEE, FLORIDA

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	DR GENERAL CONTRACTING, INC.		
DOCUMENT NU	MBER:	P1000006901		
The enclosed Artic	eles of Amendment and	fee are submitted for filing.		
Please return all co	orrespondence concerni	ng this matter to the following:		
		DONALD A. RADIN		
		Name of Contact Person		
	DR CO	DNSTRUCTION SERVICES INC		
		Firm/ Company		
		1745 PINE GROVE AVE		
		Address		
		JACKSONVILLE, FL 32205		
		City/ State and Zip Code		
		DIN@CLEARWIRE.NET be used for future annual report notification)		
For further informa	ation concerning this m	natter, please call:		
		at (904)219-8065		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amo	ount made payable to the Florida Department of State:		
	☐ \$43.75 Filing Fee & Certificate of Status			
P.O. Box 6	nt Section  f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## Articles of Amendment to

### **Articles of Incorporation**

of

FILED

DR GENERAL (	CONTRACTING, IN	NC. 2013 SEP 30 PM 4: 29
(Name of Corporation as curre		Dept. of State
P100	000006901	SECRI LANASSEE, FLORIDA
· · · · · · · · · · · · · · · · · · ·	ber of Corporation (if know	wn) 🌠
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	orida Profit Corporation adopts the following
A. If amending name, enter the new name of	the corporation:	
DR CONSTRU	CTION SERVICES IN	C The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	," or "Co". A professional corporation
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFI</u> C		
D. If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		nd accept the obligations of the position.
9	implure of New Registered	d Agent if changing

## If amending the Officer's 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) Title Address Type of Action <u>Name</u> \_ 🛮 Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	
Tion dia	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemented 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	(voting group)
	(voling group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_09/2	6/2013 Dahwed Do Cede
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Registered Agent / President (Title of person signing)