P10000064059

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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DEMALINE BER: P1000006405	CONSTRUCTI 9	ON INC
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
•	WAGNER H COS	STA	
		Name of Contact Person	1
	DEMALINE CON	STRUCTION IN	<u>C</u>
		Firm/ Company	
	8759 IBIS COVE	CIR	
		Address	
	NAPLES FL 3411	19	
		City/ State and Zip Code	e
SP	LINCOMETAX@h	otmail.com	
		ed for future annual report	notification)
For further informatio	n concerning this matter, pleas	e call:	
WAGER H. (COSTA	_{at (} 239	404-1873
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

DEMALINE CONSTRUCTION INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000064059

(Document Number of Corporation (if known)

ndment(s) to

I/A	name of the corporation:		
	gnation "Corp," "Inc," or	n," "company," or "incorporated" or the 'Co". A professional corporation name mus. 'P.A."	
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		8759 IBIS COVE CIR	
		NAPLES FL 34119	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8759 IBIS COVE CIR	
(Mailing address MAY BE A POST	OFFICE BOX)	0133 1013 COVE CIT	
(Mailing address <u>MAY BE A POS</u>	<u>OFFICE BOX</u>)	NAPLES FL 34119	
If amending the registered agent and/or the n	and/or registered office add ew registered office addres	NAPLES FL 34119 ress in Florida, enter the name of the	
If amending the registered agent :	and/or registered office add ew registered office addres	NAPLES FL 34119 ress in Florida, enter the name of the SE SAX CORP	
If amending the registered agent and/or the n	and/or registered office add ew registered office addres BPL INCOME T	NAPLES FL 34119 ress in Florida, enter the name of the EAX CORP Deet address)	
If amending the registered agent a new registered agent and/or the n	and/or registered office address SPL INCOME T 6006 RADIO R (Florida st	NAPLES FL 34119 ress in Florida, enter the name of the EAX CORP	

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 <math>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	2	
X Remove	<u>v</u>	Mike Jor	n <u>es</u>	
X Add	<u>sv</u>	Sally Sm		
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	WAGNER H. COSTA	8759 IBIS COVE CIR
X Add				NAPLES FL 34119
Remove				
2) Change				
Add			,	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add	-			
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ART IV:
NEW AGENT: SPL INCOME TAX CORP AS SHOWN ABOVE
ART V:
ADDITION (VP) WAGNER H. COSTA AS SHOWN ABOVE
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) AS ACORDED BY SHAREHOLDERS,(VP) WAGNER H. COSTA
HOLD 90% OF SHARES AND TERRY G. DEMALINE (P) HOLDS
10% OF SHARES.

The date of each amendment(s)	adoption: //1/2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the sharcholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	et for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated 7/1/20	013
select	director, president or other officer – if directors or officers have not been ed by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	TERRY G. DEMALINE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)