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70:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : T20150000034

Phone fax Number : (239)344-7417 : (888)344-7262

**Enter the small address for this business entity to be used for future annual report mailings. Enter only one amail address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ACER GRANITE CORP.

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9/22/2015 3:10 PM FROM: 8883447262

Tallahassec, FL 32314

TO: +18506176380 P. 2

COVER LETTER

TO: Amendment Se Division of Cor				
NAME OF CORPO	DRATION: ACER GRANITE	CORP.		
DOCUMENT NUM	ABER: P10000084703			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	ISMAEL CARDOSO			
		Name of Contact Person)	
	TIMELINE BUSINESS CE	TER LLC		
	-	Firm/ Company		
	8981 DANIELS CENTER D	R# 208		
		Address		
	FORT MYERS, FL 33912			
		City/ State and Zip Cod	ė	
cor	ntact@acergranitecorp.com			
	E-mail address; (to be u	sed for future annual report	notification)	
For further informat	ion concerning this matter, pleas	se call:		
ISMAEL CROOSE)	at (239) 344-7417 de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	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)	Cartificate of Status Certified Copy (Additional Copy is enclosed)	
\overline{A}	Iniling Address mendment Section ivision of Corporations	Amena	Address Iment Section on of Corporations	
	O. Box 6327		Building	

2661 Executive Center Circle

Tallahassee, FL 32301

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P.

Articles of Amendment

	Articles of Inco	rporation		
	ACER GRANIT	TE CORP.		
(Name)	of Corporation as currently	filed with the Flo	rids Dept, of State)	
	P10000084	703		
V Walter, 1971	(Document Number of	Corporation (if kno	wn)	**************************************
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corp	pratton adopts the following amendmi	eni(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	··
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associa	ation "Corp," "Inc," or "C	o". A professione	"incorporated" or the abbreviation of the corporation name must contain the	n e
B. Enter new principal office address,				
(Principal office address MUST BE A S	TREET ADDRESS)			

C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
(muturing udariess MAT BE A FVA)	OFFICE BOX	2-17-14-16-16-16-16-16-16-1-1-16-16-16-16-16-16		

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D. If amending the registered agent ar	nd/or registered office addre	es in Florida, ente	r the name of the	
new registered secot and/or the ne	w registered office address:			
Name of New Registered Agent	TIMELINE BUSINESS CE	ENTER LLC		
	8981 DANIELS CENTER	DR 208	de la faire en	
	(Florida sire	er address)		
New Registered Office Address:	FORT MYERS		, Florida 33912	
Commission of the Assert Commission of the Commi		City)	(Zip Code)	
New Registered Agent's Signature, if a I hereby occept the appointment as regis	hanging Registered Agent; tered agent. I am familiar w	ith and accept the i	ablications of the position.	
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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 officeridirector title by the first letter of the office title:

FROM: 8883447262

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 FTD.

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 Doc	
X Remove	Ā	Mike Jones	
X Add	<u>şν</u>	Saily Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	8	THOMAS H WOODRUFF	32 BAYTREE DR
Add			ROTONDA WEST, FL 33947
Remove			
2) Change	NEW CONTRACTOR CONTRAC		
Add			
Remove			
3)Change	**********		
Add			
Remove			***************************************
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			***************************************
6)Change			
Add			
Remove			

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VICE PRESIDENT

09/22/2015 _____ if other than the The date of each amendment(s) adoption: date this document was signed. 09/22/2015 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not most the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) wastwere adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval. The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 The amendment(s) wasswere adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. 09/22/2015 Signature (By Lairector, 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 counappointed fichiciary by that fiduciary) JULIE MASSIE (Typed or printed name of person signing)

TO: +18506176380

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(Title of person signing)