P100004978

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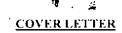
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SECRETIARY OF STATE
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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: MID STATE STO	NE ENTERPRISES INC	
DOCUMENT NUME	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MIKE R REIMER		
		Name of Contact Persor	1
	MID STATE STONE ENTE	RPRISES INC	
		Firm/ Company	
	1715 SE 160TH ST		
		Address	·
	SUMMERFIELD FL 34491		
	 -	City/ State and Zip Cod	e
For further information	E-mail address: (to be used)	sed for future annual report	notification)
MIKE REIMER		at (de & Daytime Telephone Number
Name 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Isox 6327 Ishassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MID STATE STONE ENTERPRISES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P11000004978 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida 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:

(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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		JANIS SIMMES REIMER	1715 SE 160TH ST
X Add	_			SUMMERFIELD FL 34491
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				-
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
(1)				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)		
			
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			<u> </u>
	•		
f an amendment provides for an exch provisions for implementing the ame	name, reclassification, or nament if not contained	cancellation of issued in the amendment itse	l shares, lf:
(if not applicable, indicate N/A)			
			<u></u>
		.	

	JULY 20, 2018	
The date of each amendment(s) as date this document was signed.	loption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendme flicient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement e
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JULY 20, Dated	2018	
Signature	uchaf Dennia irector, president or other officer – if directors or officers have not be	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other eted fiduciary by that fiduciary)	
	MICHAEL R REIMER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	