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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	TION: BEAR CONS	STRUCTION SERVICE	CES INC.	
DOCUMENT NUMBE	R:P1200000383	32		
The enclosed Articles of	Amendment and fee are su	ubmitted for filing.		
Please return all correspo	ondence concerning this ma	atter to the following:		
	BRIAN KLING	F		
_	Name of Contact Person			
	REAR CONST	RUCTION SERVICE	ES INC	
BEAR CONSTRUCTION SERVICES INC. Firm/ Company				
8715 HUNTFIELD ST.				
	Address			
	TAMPA, FL 33635			
		City/ State and Zip Cod	e	
	BEAR5151@I	CLOUD.COM		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call:		
BRIAN KLING	GE .	at (727) 504-9833	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment of State:	
X \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building		
ranani	135CC, F.L. 3Z3 [4	4001 E	xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

oration

BEAR CONSTRUC	TION SERVICES IN	C.	2019 550 1	_
(Name of	f Corporation as currently	v filed with the Florida	Dept. of State	PH 2:40
P12000003832			700	. ProiF
	(Document Number of	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	10.16, FL
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this 2	Florida Profit Corporati	ion adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new nar	ne of the corporation:			
				The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "(Co". A professional co		
B. Enter new principal office address, if (Principal office address MUST BE A ST.				
C. Enter new mailing address, if applications of the control of th	FFICE BOX)	ess in Florida, enter the	e name of the	
new registered agent and/or the new				
Name of New Registered Agent	BRIAN E. KLING	E (no change in na	ame)	
	8715 HUNTFIELI	O ST.		
_	(Florida stre			
New Registered Office Address:	TAMPA		, Florida	33635
	(City)		(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register		ith and accept the obliga	ntions of the pos	ition.
	Signature of New Re	gistered Agent, if chang	ing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	NINA BODE-DAVIS	8715 HUNTFIELD ST.
_XX Add			TAMPA, FL 33635
Remove			
2) _XX Change		BRIAN E. KLINGE	8715 HUNTFIELD ST.
Add			TAMPA, FL 33635
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

. , , ==/	(Be specific)	
		
		<u></u>
t an amendment provides for an exc	ange, reclassification, or cancellation of	issued shares,
provisions for implementing the am-	idinest it not contained in the amendme	ent usen:
provisions for implementing the am		
(if not applicable, indicate N/A)		
provisions for implementing the am		
or implementing the ame (if not applicable, indicate N/A)		
or implementing the ame (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption date this document was signed.	ption: <u>02/07/2019</u>	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block document's effective date on the Depa	ck does not meet the applicable statutory filing required rtment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	ved by the shareholders through voting groups. The folloch voting group entitled to vote separately on the amend	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	, n	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and sl	nareholder ·
Dated02/07	7/2019	
Signature	ctor, president or other officer - if directors or officers h	
	etor, president or other officer – it directors or officers his an incorporator – if in the hands of a receiver, trustee,	
	fiduciary by that fiduciary)	or other coun
	BRIAN E. KLINGE	
	(Typed or printed name of person signing)	
_	VICE PRESIDENT	
	(Title of person signing)	