# P1200018176

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: Or Fruction	respectutors merica Statting 7	nc.
DOCUMENT NUMBER: P1200	00018176	
The enclosed Articles of Amendment and fee are sul	abmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Constructions 14931 Foxt Southwest Limit address: (to be us	Name of Contact Person  Keru Turs  Firm/ Company  Address  Address  City/ State and Zip Code  Sed for future annual report notification)	7C.
For further information concerning this matter, pleas	se call:	
Dione Gurdak Name of Contact Person	at (580) 270-9933  Area Code & Daytime Telephone Number	2018
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	E E
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)  □\$52.50 Filing Fee Certified Copy □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	C-2 MILLS
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	The second second

Tallahassee, FL 32301

#### Articles of Amendment

## Articles of Incorporation of

Construction Keckulters Ameri	ica Staffing, Inc	
(Name of Corporation as currently filed	with the Florida Dept. of State)	
(Document Number of Corpo	region (if known)	
·		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	i Profit Corporation adopts the following amendment(	(s) t
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," "cc" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co".		
word "chartered," "professional association," or the abbreviation "P.A."	· · · · · · · · · · · · · · · · · · ·	
B. Enter new principal office address, if applicable:	155 11 kin ot	
(Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33468	)
C. Enter new mailing address, if applicable:	155 Main St	
(Mailing address MAY BE A POST OFFICE BOX)	51. A. C/ 33458	
	) W) 1 1 1 1 2 33 4 3 6	
•	25	
D. <u>If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:</u>	Florida, enter the name of the	
Name of New Registered Agent Name	SETA	η
reame of their registered rigers	\$5.00 P	 T1
(Florida street addr	ress)	j
New Registered Office Address:	, Florida S	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with an	ad accept the obligations of the position.	
Thereby accept the appointment as registered agent. Transfaminal visit and	a decept the obligations of the position.	
Signature of New Register	red 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.

X Change	PT John Doc		
X Remove	V <u>Mike Jones</u>		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Na</u>	ame	Address
1) Change	5 d	athy Kuras	133005W 30th Cari
Add		•	Davie, FL 33330
X Remove			
2) Change	<u>5</u> d	iristine Orlandi	11449 66th St. N.
<b>∠</b> Add			33VI)
Remove			
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or add	ling additional Ar	ticles, enter chans	ge(s) here:			
(Attach additional si	neets, if necessary).	(Be specific)				
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				*		
If an amendment p	rovides for an evo	hanna rocluscific	ution or cancel	lation of issued s	harec	
provisions for im	lementing the am	endment if not co	ntained in the a	mendment itself	<u> </u>	
(if not applica	le, indicate N/A)					
/\/	$\mathcal{N}$					
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						<del>-</del> -
100.70						

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet 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) was/were 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
by"  (voting group)
(voting group)
☐ The amendment(s) was/were 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.
Signature  (By a director, 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 court
appointed fiduciary by that fiduciary)
Dione (ourdat
(Typed or printed name of person signing)
Title of person signing)