## P12000035039

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SECRETARY OF STATE DIVISION OF CORPORATIONS

V HERRING MAY -1 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: North River Building Solut DOCUMENT NUMBER: P12 0000 35039	ions, Inc.			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
North River Building Solution  Firm/ Company				
North River Building Solution	S. Inc.			
Firm/ Company				
33 Oceanside Circle  Address  St Angustine Fr 3208  City/ State and Zip Code				
Address				
St Angustine FC 3208	10			
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at ( 904 ) 8  Name of Contact Person Area Code & Dayti	38-9179			
Name of Contact Person Area Code & Dayti	me Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of S	State:			
Certificate of Status Certified Copy Certifi (Additional copy is Certified Copy)	Filing Fee cate of Status ed Copy ional Copy losed)			
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations Division of Corpo P.O. Box 6327 Clifton Building	rations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Co	enter Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation



	of	^ I I	2011 APR 27 PM
North River	Building Corporation as currently	200thlos	Inc.
-			( Dept. of State)
<u> </u>	Oo Oo 35039 (Document Number of	Corporation (if known)	<u> </u>
dursuant to the provisions of section 607.10 as Articles of Incorporation:			
a. If amending name, enter the new nam	e of the corporation:		
name must be distinguishable and contain			The new
Corp.," "Inc.," or Co.," or the designation of "chartered," "professional association.  Enter new principal office address, if a Principal office address MUST BE A STR  Enter new mailing address, if applical (Mailing address MAY BE A POST OF	n," or the abbreviation ",  applicable:  EET ADDRESS )  ble:  FICE BOX)	P.A."	
new registered agent and/or the new r			
Name of New Registered Agent			<u> </u>
	(Florida stre	vet address)	
New Registered Office Address:		(City)	, Florida (Zip Code)
l <mark>ew Registered Agent's Signature, if char</mark> hereby accept the appointment as registere			gations of the position.
<del></del>	Signature of New Ri	egistered Agent, if chan	ging

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: X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
_X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	Address
1) Change	V Told McSwain	232 History Pl St. Augusthe, FL
Add		St. Augusthe, FL
Remove		32095
2) Change		
Add		
Remove		
3 ) Change		
Add		
Remove		
4) Change	· · · · · · · · · · · · · · · · · · ·	-
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

Attach	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
		_
<u>provisi</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself: or applicable, indicate N/A)	
<u>-</u>		

The date of each amendment(s) adoption:	, if other than th
date this document was signed.  Effective date if applicable: 4/28/17	
(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 document's effective date on the Department of State's records.	not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ 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)	
☐ 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.	
Dated	
Signature  (By a director president of 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)	_
(Typed or printed name of person signing)	<del>- ,,                                    </del>
President (Title of person signing)	