## P12000012225

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
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09/17/12--01015--008 \*\*35.00



Amend. Ja 9.18.12

## **COVER LETTER**

| TO: Amendment Section © Division of Corporations                                      |  |  |  |  |
|---|--|--|--|--|
| NAME OF CORPORATION: Brace Construction, Inc.   |  |  |  |  |
| NAME OF CORPORATION: Brace Construction, Inc.  DOCUMENT NUMBER: P1200072225           |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:             |  |  |  |  |
| Tamara Marshall Name of Contact Person  |  |  |  |  |
| Brace Construction, Irc.  |  |  |  |  |
| Firm/ Company   |  |  |  |  |
| 4051 NE 15th Ct. Rd.  |  |  |  |  |
| Address   |  |  |  |  |
| Ocala, FL 34479 City/ State and Zip Code  |  |  |  |  |
| City/ State and Zip Code  |  |  |  |  |
| E-mail address: (to be used for future annual report notificate                       | ail.com  |  |  |  |
| For further information concerning this matter, please call:                          |  |  |  |  |
| Tamara Marshall at (352) 2  | 84-8046  |  |  |  |
| Name of Contact Person Area Code & Day  | time Telephone Number  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department o | f State:   |  |  |  |
| Certificate of Status Certified Copy Cert (Additional copy is Cert enclosed) (Ade     | .50 Filing Fee ificate of Status ified Copy ditional Copy nclosed) |  |  |  |
| Mailing Address Street Address  |  |  |  |  |
|   | Amendment Section Division of Corporations                         |  |  |  |
| P.O. Box 6327 Clifton Building  | Clifton Building   |  |  |  |
| Tallahassee, FL 32314 2661 Executive Tallahassee, FL                                  |  |  |  |  |

## Articles of Amendment to Articles of Incorporation



| Brace Construction Inc  | orlda Dept. of State)  |
|---|--|
| (Name of Corporation as currently filed with the Flo  | orida Dept. of State)  |
| P1200072225   |  |
| (Document Number of Corporation (if   | known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:  | lorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |  |
|   | The new  |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable:   | 4051 NE 15th Ct. Rd.   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | (Xala, FL 34479  |
|   | <u> </u>   |
|   |  |
| C. Enter new mailing address, if applicable:  | 4051 NE 15th Ct. Rd.   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   | Ocala, FL 34479  |
|   |  |
| D. If amending the registered agent and/or registered office address:   | ss in Florida, enter the name of the                           |
| Name of New Registered Agent  |  |
|   |  |
| (Florida stree  | et address)  |
| New Registered Office Address:  | , Florida  |
| (City)  | (Zip Code)   |
|   |  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi   | ith and accept the obligations of the position.                |
| Signature of New Registered Ap  | gent, 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: X Change             | PT Joi              | hn Doe   |                     |
|-------------------------------|---------------------|--|---------------------|
| X Remove                      | <u>V</u> <u>M</u> i | ike Jones  |                     |
| X Add                         | SV Sa               | ally Smith                                       |                     |
| Type of Action<br>(Check One) | <u>Title</u>        | Name   | Address             |
| 1) Change                     | CEO                 | Tamara Marshall                                  | 4051 NE 15th Ct. Rd |
| X Add                         |                     |  | Ocala, FL 34479     |
| Remove                        |                     |  |                     |
| 2) Change                     | <del></del>         |  |                     |
| Add                           |                     |  |                     |
| Remove                        |                     |  |                     |
| 3) Change                     | <del></del>         | <del>*************************************</del> |                     |
| Add                           |                     |  |                     |
| Remove                        |                     |  |                     |
| 4) Change                     | <del></del>         |  |                     |
| Add                           |                     |  |                     |
| Remove                        |                     |  |                     |
| 5) Change                     |                     |  |                     |
| Add                           |                     |  |                     |
| Remove                        |                     |  |                     |
| 6) Change                     | <del> </del>        | <del></del>                                      |                     |
| Add                           |                     |  |                     |
| Remove                        |                     |  | •                   |

|  | (Be specific)   |
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| provisions for implementing the amer   | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  |
| f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  |
| provisions for implementing the amer   | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  |
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| provisions for implementing the amer   | ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:  |

| The date of each amendment(s) adoption:  |
|--|
| Effective date if applicable: 9-13-12 (no more than 90 days after amendment file date)   |
| (no more than 90 days after amendment file date)   |
|  |
| 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.   |
| Dated 9-13-12  |
| Signature 19Mara Mars hall   |
| (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)   |
| Tamara Marshall (Typed or printed name of person signing)  |
| CEO  |
| · (Title of person signing)  |