## P1200081403

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ON TANASSEE FLORIDA

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SYNERGY CONT	TRACTING GROUP INC	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	JEFFREY SHERMAN		
<del>-</del>		Name of Contact Perso	n
-		Firm/ Company	
	3874 TAMPA ROAD		
-	OLDSMAR, FL 34677	Address	
-		City/ State and Zip Cod	le
SHRM	ILW@CS.COM		
	E-mail address: (to be us	sed for future annual report	notitication)
For further information	concerning this matter, pleas	se call:	
JEFFREY SHERMAN		at ( 813	) 855-0700 
Name of Contact Person		Area Co	ode & 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		dment Section on of Corporations i Building Executive Center Circle

## Articles of Amendment to Articles of Incorporation of

SYNERGY CONTRACTING GROUP INC.

(Name of Corporation	on as currently filed w	ith the Florida Dept. of State	.)
P12000081403			
(Docum	ent Number of Corpora	ation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida	Profit Corporation adopts the f	following amendment(s)
A. If amending name, enter the new name of the con	rporation:		
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc." or "Co". A	npany," or "incorporated" o professional corporation nam	The new r the abbreviation e must contain the
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADD</u>	<u>KESS</u> ) 		SS . 68
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX  D. If amending the registered agent and/or registered		orida enter the name of the	DCT 19 PH "4: 38  CHELLANASSEH, FLORIDA
new registered agent and/or the new registered of		orida, enter the name of the	
Name of New Registered Agent			<del></del>
	(Florida street addres		
	Trorad so certaines	,	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I		accept the obligations of the po	osition.
Signa	 uure of New Registered	l 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: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	CODY VOGT	
Add			
x Remove			
2) Change	PD	JEFF VOGT	
x Add			
Remove	SD	DUSTIN EILER	<del></del>
3 ) Change Add			<u>-</u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		•
		<del></del>
,		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<u>-</u>		

	OCTOBER 16, 2018	
The date of each amendment(s) ac date this document was signed.		, if other than the
OC1	OBER 16, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.  10/17/2018  Dated  Signature	pted by the incorporators without shareholder action and shareholder	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	JEFFREY VOGT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	