P12000103969

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: O.B. Home Remodeling Inc DOCUMENT NUMBER: P12000103969 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Olaniyi Bilesanmi Name of Contact Person O.B. home remodeling Inc. Firm/ Company 1876 N University Drive suite 201A Address Plantation FL 33322 City/ State and Zip Code obhomes10@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olaniyi Bilesanmi Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

O.B. Home Remodeling Inc	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P12000103969	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
O B Construction Group INC	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1876 N University Drive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 201A
	Plantation FI 33322
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9051 NW 24th Street
(mailing dualess MAT BE A FOST OFFICE BOX)	Sunrise FI 33322
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stre	and address)
·	
New Registered Office Address: (City)	, Florida (Zip Code)
	, ,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	uent if changing
Signature of their registered h	מייים ע ייייים אויים וויים ע

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Hawa Bilesanmi	9051 NW 24th St
Add			Sunrise, FI 33322
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	
 	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
resident Olaniyi Bilesanmi is 10	00% shareholder.

date this document was signed.) adoption:	, it other than th
_	lanuary 23, 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
_{Dated} Janua	ary 23, 2015	
Signature	2/ greater A	
(By	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Olaniyi Bilesanmi	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	