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<u> </u>	Requestor's Name)	
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(Document Number)		
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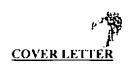


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TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: BAKER CONSTIUCTION GOOD INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Baker Construction Group Inc Firm/Company
3106 SW 26Th PLACE
CAPE COCAL, FLOCICIA 33914/ 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 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

BAKER CONSTRUCTION G	roup, INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 1300003	9873
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida 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 "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
war charter a. projestimati teopolitika, watik timarekitima 1.	···
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(The party) ice address MOOT BE ASTREET ADDRESS)	- 37
C. Enter new mailing address, if applicable:	9
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amonding the projectional country of the majorana of the address	n is Classide and a the many of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	is in Florida, enter the name of the
Name of New Registered Agent Ton A.	NINSKY Jr.
Name of New Registered Agent 3106 544 (Florida stree	26Th PLACE
(Florida stree	t address)
New Registered Office Address: CAPE COTAL	. Florida 33914
(0.	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Res	ristared Agont, 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 D	doe_	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>anith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>_P_</u>	VITTOSIO SCIALDONE	3106 SW DETH AC CAPE COSAL, FL 3391
Add			CAPE COSAL, FL 3391
Remove			
2) Change	<u>P</u>	Jon A. Sninsky Ir.	3:06 Sw 26T4 PC
X_ Add		-	CAPE COLAK, FL 33914
Remove	_	1-19 100	3106 SW ZWHAL CARECORAL, FL 33914
3) Change	_5_	LESIE WRIGHT	CARECORAL, FL 33914
X Add			
Remove			
4) Change		 	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nding or adding additional Ar additional sheets, if necessary)	: (Be specific)	s) nere:		
		,			
					
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		<u> </u>			<u> </u>
	-	_		<u>.</u>	
					· ·
fana	mendment provides for an exc	change, reclassificat	ion, or cancellation o	f issued shares.	
<u>provi</u>	sions for implementing the am	rendment if not cont	ained in the amendm	ent itself:	
(i	if not applicable, indicate N/A)				
•					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes east for the amendment(s) was/were sufficient for appro-	oval
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action was not required. □ The amendment(s) was/were adopted by the incorporators without shareholder action 	
action was not required.	
Dated	
Signature	
(By a director, president or other officer - if directors or o	
selected by an incorporator – if in the hands of a receiver.	trustee, or other court
appointed fiduciary by that induciary)	
/ inv Conduce	
(Typed or printed name of person signi	ng)
CLYHUT PO	rsidaet -
(Title of person signing)	