## P130000 44594

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: NORTHEASTERN	CONSTRUCTION INC	C.
DOCUMENT NUMB	P13000044594		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
1	DENNIS E PROULX		
-		Name of Contact Per	son
]	NORTHEASTERN CONSTI	RUCTION INC.	
-		Firm/ Company	
	2387 SE MANOR AVENUE		
-		Address	
1	PORT SAINT LUCIE, FL 3	4952	
-		City/ State and Zip C	ode
DENN	IISPROULX1957@GMAIL.	СОМ	
	E-mail address: (to be us		ort notification)
	concerning this matter, please		
DENNIS PROULX		at (	) <u>403-3469</u>
Name o	f Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amo Div Clif	ect Address endment Section ision of Corporations ton Building 1 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NORTHEASTERN CONSTRUCTION INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000044594 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street 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 with and accept the obligations of the position.

Signature of New Registered 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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u>	CHRISTOPHER A LAITE	130 N HAWTHORNE DR.
X Add			INGLIS, FL 34449
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			19 <u>\$5.</u>
4) Change			11 - 3 - 11
Add			7.5 B M
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
N/A		
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	9
provisions for implementing the ame:	ndment if not contained in the amendment itself:	SEP
		SSA
(if not applicable, indicate N/A)		(2)
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(if not applicable, indicate N/A)		- <del>22 + C</del>
(if not applicable, indicate N/A)		- <del>22 + C</del>

The date of each amendment(s) adoption:		, if othe	r than the
date this document was signed.			
Effective date <u>if applicable</u> :			
(no more than 90 days after amendment file date)			
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will	l not be lis	ited as the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement has been been been been approved by the shareholders through voting groups. The following statement has been been been been been been been bee	ement		
"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 shareh action was not required.	SECRET	19 SEP	ن ن
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ARY OF	-3 PM	== TI
8/29/2019 Dated	STAI FLORI	# C	フ
Signature January (Marie	. <del>S</del> m	<b>⊘</b> 1	
(By a director, president or other officer—If directors or officers have not be selected, by an incorporator—if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)			
DENNIS E PROULX			
(Typed or printed name of person signing)			_
PRESIDENT			
(Title of person signing)			_