P1300054820

(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
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SECRETARY OF SLICE

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: CONTINENTAL CONSTRUCTION of AX I	JC	
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
REYNALDO ELINSTEIN Name of Contact Person ARMOR INSURANCE AGENCY Firm/Company 9831-3 BEACH BLUD Address Address Firm/Solville F. 32246		
City/ State and Zip Code		
ALOFOCHOW AOL, COY		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:	16 AL	······································
Name of Contact Person Reproduct Person Area Code & Daytime Telephone Number	AUG 26	100
Enclosed is a check for the following amount made payable to the Florida Department of State:		2
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	<u></u>	€es.

TO: Amendment Section

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

CONTINENTAL CONSTRUCTION		
	y filed with the Florida Dept. of State)	
P130000 54820	•	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit Corporation adopts the following ame	:ndment(s) t
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 "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbrev. Co". A professional corporation nume must contai P.A."	iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1219 IDLEWILD AUR GREEN COVE SPRING FL. 32043	- -
	PL. 32043	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	7en	16 AUG
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ress in Florida, enter the name of the	26
Name of New Registered Agent JOSE A. SARA	The state of the s	
1219 IDLE W	i LD AJE distribution of the control	S
New Registered Office Address: GREEN Cov	E SPLING , Florida 3204 (City) (Zip Code)	3_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w		
be Cal Sam	egistered Agent, if changing	
Signature of New Re	egistered 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 <math>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: XChange	<u>PT</u>	John Doe		•	
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	_	<u>Addres</u> s	
1) X Change	P	Jose A. Su	24 via Sauche	2 1219 IDLEWILD	
Add				GREEN COVE SPRING	ج
Remove				FL, 32043	
2) Change	VP	JOEL AR	Royo	1219 IDEWILD	Aue
Add			v	GREEN COUR SPRIN	IG-
Remove	_			FL 32043	
3) Change	<u>P</u>	NICOLAS SAD	THIA SWICKEZ	1219 ISLEWILD +	400
Add				GREEN COVE SPEIN	IG
Remove				FL. 32043	
4) Change					
Add					
Remove					
5) Change	***				
Add					
Remove				,	
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
A 1 / A	
\sim	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(y not applicable, maicule 1974)	
NA	

The date of each amendment(s) adoption:	08	23	2016	, if other than the	
date this document was signed.	00		2016		
Effective date if applicable:	(no more than	23 90 days after	amendment file date)		
	(1100 1100 1100 1100 1100 1100 1100 110	(* ··>>>	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Note: If the date inserted in this block does redocument's effective date on the Department of		licable statuto	ry filing requirement	s, this date will not be listed as the	
Adoption of Amendment(s) (CF	IECK ONE)				
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he number of	votes cast for the ame	endment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting					
"The number of votes east for the ame	ndment(s) was/w	ere sufficient	for approval		
by					
(vo	ting group)				
The amendment(s) was/were adopted by the action was not required.	board of director	rs without sha	reholder action and sl	nareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators wi	thout shareho	lder action and shareh	older	
•					
Dated 69	23 201	6			
Dated 69 23 2016					
Signature Seril Sau					
			tors or officers have i		
selected, by an ince appointed fiduciary			receiver, trustee, or o	ther court	
	,				
1056	= A.SA	EAUIH ?	> ANCHEL		
	(Typed or printed	d name of pers	son signing)		
	PRESIT	ENT			
	(Title	e of person sig	ming)		