PK000023833

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:OY	ndord Construction, Inc.
DOCUMENT NUMBER:	14000023833
The enclosed Articles of Amendment and fee are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
	LaDorna Strowbridge Name of Contact Person
5549	Firm/Company Fort Caroline Rd., Suite 119 Address Sacksonville, FL 32277 City/State and Zip-Code
	Sackson ville, FL 32277 City/ State and Zip-Code
	adonnaloansmoney @ gmail. com
For further information concerning this matter, plea	ase call:
Laborra Strowbridge Name of Contact Person	at (401) 221-9024 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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

FILED

of
Condord Construction, Inithar 21 PM 1:21
(Name of Corporation as currently filed with the Florida Dept. of State)
P140000 23 833 TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Concord Construction, Inc. The new
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 Latonna Strowbridge
5549 fort Caroline Rd. Suite 119
(Florida street address)
New Registered Office Address: Jackbonville, Florida 32211
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent familiar with and accept the obligations of the position.
/ Cher Sully !
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> <u>J</u>	ohn Doe	
X Remove	<u>v</u> <u>n</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	φ	LaDonna Stradoridge - 5	11. 5549 fort Cardine Rd Suite 119
Add		0	<u>Suite 119</u>
Remove			Jacksonville, FL 32277
2) Change	VΡ	tugh B. Thomas -49%.	Jacksonville, FL 32277 5549 Fort-Cardine Rd.
Add			<u> 6 vite 119</u>
Remove			Jacksonville, FL 32271
3) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:				
(Attach additional sheets, if necessary).				
(· · · · · · · · · · · · · · · · · · ·				
•				
If an amandment provider for an evol	nange, reclassification, or cancellation of issued shares,			
provisions for involumenting the ome	ndment if not contained in the amendment itself:			
(if not applicable, indicate N/A)	multing to the continuous of the distribution (2011)			
(ij noi appiaaoie, maicaie 1471)				
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<u> </u>				

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 amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3 18 14	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
LaDonna Strawbridge (Typed or printed name of person signing)	
(Typed or printed name of person signing ${\mathcal Y}$	
President	
(Title of person signing)	