P14000039579

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(RM 12-30-14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Constructio	n Management l	Resources Inc.	TOECZZ PHID: 25
	D1400002057		***************************************	
DOCUMENT NUMB	ER: 1 1 10000000			記るる
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		C. 2017.
_	Jeffrey R Baumar	า		A DEC
		Name of Contact Person		- ,
	Construction Mar	agement Resou	rces Inc.	
-		Firm/ Company		_
•	4278 Falling Leaf	Drive		
-		Address		-
	New Smyrna Bea	ch, Fl. 32168		
-		City/ State and Zip Code		-
jeffb	@probidinc.com			
****	E-mail address: (to be us	ed for future annual report	notification)	
For further information	concerning this matter, pleas	e call:		
Jeffrey Bauman		_{at (} 407	488-2474	
Name o	f Contact Person		le & Daytime Telephone Number	er
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amendi Division Clifton 2661 Ex	Address ment Section n of Corporations Building cecutive Center Circle ssee, FL 32301	

Articles of Amendment Articles of Incorporation

Construction Management Resources Inc.

(Name of Corporation as currently filed	with the Florida Dept. of State)
P14000039579	The same of the sa
(Document Number of Con	rporation (if known)
ursuant to the provisions of section 607.1006, Florida States of Incorporation:	atutes, this Florida Profit Corporation adopts the following amer
. If amending name, enter the new name of the corpo	<u> Pration:</u>
	The "corporation," "company," or "incorporated" or the abbrevia "Inc," or "Co". A professional corporation name must contain previation "P.A."
Enter new principal office address, if applicable:	4278 Falling Leaf Drive
Principal office address <u>MUST BE A STREET ADDRE</u>	New Smyrna Beach, Fl. 32168
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4278 Falling Leaf Drive
	New Smyrna Beach, Fl. 32168
If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent	
Hane of New Registered rigen	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I am	ered Agent: m familiar with and accept the obligations of the position.
Signature of New H	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.

X Change	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Р	_	Constance Owens	158 Villa Di Este Terrace
Add				Lake Mary Fl. 32746
Remove				
2) Change	Р		Jeffrey Bauman	4278 Falling Leaf Drive
Add				New Smyrna Beach
Remove				Fl. 32168
3) Change	VP		Phillip Anthony Russo	22 Theresa Ann Ct
Add				Albany NY 12205
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change			- <u></u>	
Add				
Remove				

(Attach additional sheets, if no	tional Articles, enter change(s) here: ecessary). (Be specific)	
		
·		
·····		
If an amendment provides f	or an exchange, reclassification, or cancellation of issued shar	es.
provisions for implementin (if not applicable, indica	ag the amendment if not contained in the amendment itself:	
(y noi applicable, indice	ile IVA)	
		•

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)	
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 12/20/2014	
Dated	
Signature A 13	
(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)	
Jeffrey R Bauman	
(Typed or printed name of person signing)	
President	
(Title of person signing)	