## P14000040973

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATI	ION: ARIAN BUILDO	ON CORP	
DOCUMENT NUMBER:	P14000040973		
The enclosed Articles of A		abmitted for filing.	
Please return all correspond	dence concerning this ma	tter to the following:	
ЛG	NESH B. KAPADIA		
		Name of Contact Person	1
ARI	AN BUILDCON CORP		
<del></del>		Firm/ Company	
5318	8 WINROSE FALLS DR	<b>.</b>	
		Address	·
JAC	KSONVILLE, FL 32258	8	
<del></del>		City/ State and Zip Code	9
<u></u>	F 2 44 /4- b	-16-6-1	
	rman address; (to be u	sed for future annual report	nottneation)
For further information con	cerning this matter, pleas	se catl:	
JIGNESH B. KAPADIA		904 at (	733-9839
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 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 Amendm Division P.O. Box	ent Section	Amend	Address Iment Section on of Corporations

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

ARIAN BUILDCON CORP	
	currently filed with the Florida Dept. of State)
P1400040973	
(Document Nu	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ntion:
	The new
	orporation," "company," or "incorporated" or the abbrestation ac," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	N/A N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>	的
	250 0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
(Muning dualess MAT BEAT OST OFFICE BOX)	
D. If amending the registered agent and/or registered off	fice address in Florida, enter the name of the
new registered agent and/or the new registered office	address:
Name of New Registered Agent N/A	
<del></del>	lorida street address)
New Registered Office Address:	. Florida
new negotied Office marcis.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fa	amutar wun ana accept the obtigations of the position.
Signature o	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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	BIRVA L. PATEL	29 REDBUD RD
Add X Remove			PISCATAWAY, NJ 08854
2) Change	v	JIGNESH B. KAPADIA	5318 WINROSE FALLS DR
X Add	<del></del>		JACKSONVILLE, FL 32258
Remove			
3) Change			
Add			
Remove			<del></del>
4) Change		_	
Adđ			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			<del>-</del>
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
<u> </u>				
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)				
N/A				
······································				

04/01/2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
04/01/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date v document's effective date on the Department of State's records.	vill not be listed 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(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 N/A	
by N/A (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.	
0/02/2016	
Signature	
(By a director, president of 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)	
JIGNESH B. KAPADIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	