P/4000076441

(Re	equestor's Name)	
(Ad	ldress)	
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILED

15 JAN 20 AM 3: 24

NAME OF CORPOR	TurnKey Contr	ractors, Inc	SE	ORLHAMY OF STATE
DOCUMENT NUMB	P14000076441		TALL	TAHASSEE, FLORIDA
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this ma	tter to the following:		
	Patricia K Michaels			
-	TurnKey Contractors,	Name of Contact Person	n	
-		Firm/ Company		
; -	327 Brooks Circle Eas			
	Jacksonville, FL 3221	Address 1		
-		City/ State and Zip Cod	e	
trish	@sapphiremoon.com			
	E-mail address: (to be us	sed for future annual report	notification)	_
For further information	concerning this matter, pleas	se call:		
Patricia Michaels		904 at (616-7434	
Name o	f Contact Person	Area Co	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)	
Ame	ing Address Indment Section Idenois of Corporations	Amend	Address Iment Section on of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

	RNKey (ontra	ectors, Inc.	_
(Name of Corporation as currently P14000076441	filed with the Florida De	pt. of State)	
(Document Number	of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Pi	rofit Corporation adopts the following	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
	<u> </u>		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the designation of the contained association," or the designation of the contained association of the	orp," "Inc," or "Co". A p	oany," or "incorporated" or the e professional corporation name must	abbreviation t contain the
B. Enter new principal office address, if applical			_
(Principal office address <u>MUST BE A STREET Al</u>	<u>DDKESS</u>)		_
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROY)	4	
(Manual maress MAT DE ATOST OFFICE D	<u></u>	هم مونود. مونو مدار مراسم و	- -
		<u> </u>	
		\$7 1983 1983	20
D. If amending the registered agent and/or regis	stered office address in Flo	rida, enter the name of the	9 3 7
new registered agent and/or the new registered			الم الم
Name of New Registered Agent			盖 2
		ĭ	
	(Florida street address)	
New Registered Office Address:		. Florida	
rem negasterea office naaress.	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		ccept the obligations of the position	
Signature of	New Registered Agent, if ch	haneine	
5-6.4441009			

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Philip Navarro	327 Brooks Circle East
Add			Jacksonville, FL 32211
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
_ Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		

The date of each amendments date this document was signed.	(s) adoption:	_, if other than the
· ·	January 2, 2015	
Effective date <u>if applicable.</u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	uary 2, 2015	
(B	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Patricia K Michaels	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	