P1500014442

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COVER LETTER

🥫 TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KCX CROWN CO	DNSTRUCTION INC	
	ER: P15000014442		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	J	ULIO MOLINA	
		Name of Contact Person	n
	JUI	LIO MOLINA P A	
-		Firm/ Company	
	2002	CURRY FORD RD	
-		Address	164,4
	ORLAND	O,FL. 32806	
•		City/ State and Zip Cod	e
	JULIO M	OLINA@BELLSOUTH.N	TET
		sed for future annual report	
	concerning this matter, pleas $\mathcal{U} \circ \iota_{U} \mathcal{A}$, 228-47 57
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depo	artment of State:
\$35 Filmg Fee	Cl\$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 Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

KCN CROWN CONSTRUCTION INC

(Name of Corporation as currently filed with the Florida Dept. of State) P515000014442 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 essociation," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST EE 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 a gent and/or the new registered office address: BAVIER PERRUZQUIA Name of New Registered Agent 547 EMERALD LAKE DR (Florida street address) COCOA New Registered Office Address. (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	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) X Change	P	JAVIER PERRUZQUIA	647 EMERALD LAKE DR
Add			COCOA,FL.32926
Remove	•		
2) Change			
Add			
Remove			
3) Change			SEC 15 A
Add			AUG 2
Remove			7 Pr
4) Change			3: STA
Add			I DA
Remove		•	
5) Change			
Add		·	
Remove			
6) Change			
Add			
Damova			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
•			
		<u></u>	
		_	- F
		AUG	, 1 , 1 , 1
		AUG 27	
		P	ن ئۆ
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:	3; 5	; ;-
(if not applicable, indicate N/A)	teneur i nov contained in the amendalem Asen-	5]	RID
			
			<u> </u>

AUGUST 21, 2015 The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable:</u>	
(no more than 90 days after amendment file date)	•
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	TAS
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ECRETA
Dated <u>2 21 20 45</u>	TILED SSEELF
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)	STATE LORIDA 3: 51
(Typed or printed name of person signing)	<u> </u>
Pres/Registered Age	rt
(Title of person signing)	