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C WCHAIR

COVER LETTER

NAME OF CORPORATION: IMACON CONSTRUCTION INC

DOCUMENT NUMBER: P150000 40842

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IDNE MALHEIROS

Name of Contact Person

IMACON CONSTRUCTION INC

Firm/ Company

905 - ALLMAN AVE

Address

LEHIGH ACRES, FL, 33971

City State and Zip Code

imaconconstruction@Gmail..com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IDNE MALHEIROS

at (239) 839-4471

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Mailing Address

□ \$35 Filing Fee

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment Articles of Incorporation

IMACON CONSTRUCTION INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000040842

(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Alu
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ALM
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	ress in Florida, enter the name of the si
905-ALLMAN	AUE, LEHIGH ACRES, FL 33971 reet address)
New Registered Office Address: N/A	, Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	

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 <math>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>	Name	Address
1) Change	VP	MARCOS A. DE PAULO	905-ALLMAN AVE
X_ Add			LEHIGH ACRES, FL
Remove			33971
2) Change	<u> </u>		
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
3) Change		-	***************************************
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		***************************************	
Add			
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
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<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption: date this document was signed.	01/02/	2017	. if other that
Effective date if applicable:	(no more than 90 d	lays after amendment	file date)
Note: If the date inserted in this block does not document's effective date on the Department of S		le statutory filing req	uirements, this date will not be listed a
Adoption of Amendment(s) (CHI	ECK ONE)		
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		umber of votes cast fo	r the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting s			
"The number of votes cast for the amend	dment(s) was/were s	ufficient for approval	
by	ng group)		,7°
(voti	ng group)		
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors wit	thout shareholder act	on and shareholder
The amendment(s) was/were adopted by the in action was not required.	ncorporators without	t shareholder action a	nd shareholder
Dated 01 02 20	}	_	
Signatur1110/0			_
(By a director, president of the selected by an incorporation of the selected by a s		 if directors or office ands of a receiver, tru 	
appointed fiduciary			ores, or other boart
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