P15000054916

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	<u> </u>
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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amend







FLORIDA DEPARTMENT OF STATE **Division of Corporations**

September 29, 2015

Dean Gerulski Form All Construction Services Inc. 4102 Central Sarasota Pkwy #911 Sarasota, FL 34238

SUBJECT: FORM-ALL CONSTRUCTION SERVICES INC

Ref. Number: P15000054916

We have received your document for FORM-ALL CONSTRUCTION SERVICES INC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

Please sign the amendment form as the president in the space provided at the bottom of page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II

Letter Number: 115A00020538

Articles of Amendment

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Articles of Incorporation

Artic	cles of Incorpo	oration	يتنفغ		
	of				
FORM ALL CONSTRUCTION SERVICES INC		·	لهم الم الما الما الما الما الما الما الما		v
(Name of Corporation as	s currently file	ed with the Florida	Dept. of State)	=======================================	77
P15000054916				14# 23	
(Document N	Number of Cor	poration (if known)	-	7 - 70 7 - 31	$\overline{\Box}$
Pursuant to the provisions of section 607.1006, Florida Statitis Articles of Incorporation:	tutes, this <i>Flori</i>	ida Profit Corporat	<i>ion</i> adopts the fol	Diving airien	idment(s) to
A. If amending name, enter the new name of the corpora	ration:		•		
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	Inc," or "Co".	A professional co	corporated" or or proporation name	The the abbrevia must contain	tion
B. Enter new principal office address, if applicable:					
(Principal office address <u>MUST BE A STREET ADDRES.</u>	<u>52</u>)			<u> </u>	
			<u> </u>		_
C. Enter new mailing address, if applicable: A failing address MAY BE A POST OFFICE BOX	 				
D. If amending the registered agent and/or registered of	ffice address i	n Florida, enter th	e name of the		
new registered agent and/or the new registered office					
Name of New Registered Agent					
		-			
	 Florida street aa	Idwee)			
,,	i iorian sireel aa	uress)			
New Registered Office Address:	(City)		, Florida	(Zip Code)	
	(Cuy)	•		(Zīp Coae)	
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f		and accept the oblig	ations of the posi	tion.	
<u> </u>	of Nov. Dec.				
Signature	oj new kegist	ered Agent, if chang	ging		

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 (Chark One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	WILLIAM J. WILLARD	11900LOXAHATCHEE RD.
X Add			PARKLAND, FL 33067
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
If an amendment provides for an exchange, reclassification, or cancellation of	of issued shares
provisions for implementing the amendment if not contained in the amendment	ient itself:
(if not applicable, indicate N/A)	

(Title of person signing)
PRESIDENT
(Typed or printed name of person signing)
DEVN GEKNTSKI
Dated Signature (By a director, pessident 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)
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
(quorg gnilov)
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"The number of votes east for the amendment(s) 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 amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
Adoption of Amendment(s) (CHECK ONE)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(no move than 90) days after amendment file date)
Effective date <u>if applicable</u> : NA
date this document was signed.
The date of each amendment(s) adoption: