P150000001080

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	····
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Amend

OCT 19 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EC AND ASSOCI	ATES CONSTRUCTION	SERVICES, INC.
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ERICK E CARDOZA		
		Name of Contact Person	1
	EC AND ASSOCIATES CO	NSTRUCTION SERVICE	S, INC.
		Firm/ Company	
	3802 NW 52ND CT		
		Address	
	FORT LAUDERDALE, FL	33309	
		City/ State and Zip Code	2
info@	mattosinsurance.com		
		sed for future annual report	notification)
For further information	n concerning this matter, pleas		404-2222
	of Contact Person	at (at Co)
	r the following amount made		
\$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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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2015 OCT	FED	}
TALLARETAN	16 AH 8:5	`>
7745S	6,01 ST.	

EC AND ASSOCIATES CONSTRUCTION SERVICES, INC.	ALL ME KADO			
(Name of Corporation as current	tly filed with the Florida Dept. of State)			
P15000061080				
(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
	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	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	1630 S MILITARY			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	WEST PALM BEACH, FL 33415			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1630 S MILITARY			
	WEST PALM BEACH, FL 33415			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address				
Name of New Registered Agent CRICK E.	CARDOZA			
3802 NW	52ND CT treet address)			
New Registered Office Address: FT LA U DCK	DALE			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>			
l 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></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	VP	FRANCISCO J AGUILAR	5993 SW 57 ST APT 101
X Add			TAMARAC, FL 33319
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Remove			

Attach <i>additional sh</i>	ling additional Ar heets. if necessary).	(Be specific)				
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					·	
	<u></u>		<u> </u>		·- <u> </u>	<u>.</u>
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			——————————————————————————————————————			
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an amendment pr	rovides for an excl	hange, reclassific	cation, or cancella	tion of issued sha	ares.	
(if not applicab	ole, indicate N/A)	and the state of t	Antames of the am	endarent reserv		
				<u></u>		

The date of each amendment(s) adoption: _date this document was signed.	10107	12015		, if other than the
•				
Effective date <u>if applicable</u> :	(no more than	90 days after amen	dment file date)	
Note: If the date inserted in this block does document's effective date on the Department		icable statutory fili	ng requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he number of votes	cast for the amendment(s)	
☐ The amendment(s) was/were approved by must be separately provided for each voti.				
"The number of votes cast for the an	nendment(s) was/w	ere sufficient for app	proval	
by				
6	oting group)			
The amendment(s) was/were adopted by the action was not required.	ne board of director	rs without sharehold	er action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	ne incorporators wi	thout shareholder ac	ction and shareholder	
Dated 10 - A -	-15			
Signatura Till Got	D			
(By a director, pr selected, by an ir	esident or other of	he hands of a receiv	r officers have not been ver, trustee, or other court	_
CR	ick co	ne DOZA		
	(Typed or printed	neDOZA I name of person sig	gning)	
	(Title	e of person signing)		