P1500074065

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SECRETARY OF STATE

NAY 1 0 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	BW CONCRETE	E SERVICES, INC.		
DOCUMENT NUMBER:	5000074065			
The enclosed Articles of Amendm	ent and fee are sub	mitted for filing.		
Please return all correspondence c	oncerning this matt	er to the following:		
CHERYL A. SANDERS				
		Name of Centaet Person		
MERIDIA	MERIDIAN PAINTING, INC.			
		Firm/ Company		
13116 SHE	RMAN DRIVE			
	Address			
HUDSON,	FL 34667			
. 	•	City/ State and Zip Code		
MERIDIANPAI	NTING@OUTLOO	K.COM		
E-mail	address: (to be use	d for future annual report r	otification)	
For further information concerning this matter, please call:				
CHERYL A. SANDERS		at (_)	
Name of Contact P	erson	Area Cod	e & Daytime Telephone Number	
Enclosed is a check for the follow	ing amount made pa	ayable to the Florida Depar	tment of State:	
	75 Filing Fee & ificate of Status	S43.75 Filing Fee & Certified Copy (Auditional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status 'Certificat' Copy (Additional Copy is enclosed)	
Mailing Address Amendment Sec Division of Con P.O. Box 6327	etion porations	Division Clifton I 2661 Ex	address nent Section of Corporations Building securive Center Circle see, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

to

BW CONCRETE SERVICES, INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000074065		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the f	ollowing amendment(s)
A. If amending name, enter the new name of the corporation:		
MERIDIAN PAINTING, INC.		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbreviation
B. Enter new principal office address, if applicable:	6256 KIMBALL COURT	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SPRING HILL, FL 34606	
		- E
		1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	37420 HICKORY HILL LANE	SS OF
,	DADE CITY, FL 33525	mg 2 0
	· · · · · · · · · · · · · · · · · · ·	97
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		
Name of New Registered Agent		
(Florida s	street address)	
New Registered Effice Address:		
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		sition.
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, Saily Smith is namea the V and S. These should be noted as John Doe, P's as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) X Change	PRES	CHERYL A. SANDERS	13116 SHERMAN DR		
Add			HUDSON, FL 34667		
Remove					
2) Change					
Add					
Remove					
3) Change	~				
Aàá					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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

	MAY 1, 2017	
The date of each amendment(s	adoption:	_, if other than the
date this document was signed.	·	
Ji	UNE 1, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records:	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-,	(voting group)	
action was not required. The amendment(s) was/were action was not required. May 5, Dated Signature (By scle	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder 2017 Adopted by the incorporators without shareholder action and shareholder 2017 Addrector, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) Cheryl A. Sanders	THAY IO PH 3: 14
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	