## P1500010a 1a4

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(Ad	ldress)	
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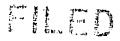
## COVER LETTER

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	ATION: E & C DESIGN C	ONSTRUCTION INC	
DOCUMENT NUMB			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ERICK ESTRADA		
•		Name of Contact Person	1
	E & C DESIGN CONSTRU	CTION INC	
-		Firm/ Company	
	12990 SPRING RAIN RD	Time Company	
-		Address	
	JACKSONVILLE, FL 32258	3	
-		City/ State and Zip Code	е
For further information	E-mail address: (to be used to be	sed for future annual report se call:	notification)
ERICK ESTRADA		904 at (	5350330 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$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)
Ame Divis P.O.	ling Address indment Section sion of Corporations Box 6327 thassee, 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



E & C DESIGN CONSTRUCTION INC

16 JAN 25 PM L: LO

to

(Name of Corporati	on as currently filed with the Florida Dept. of State)
P15000102124	TALLAHASSEE, FLORIDA
(Досин	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the co	orporation:
	rd "corporation," "company," or "incorporated" or the abbreviation "," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
3. Enter new principal office address, if applicable	e:
Principal office address <u>MUST BE A STREET ADL</u>	DRESS )
C. Enter new mailing address, if applicable:	
(Muiling address <u>MAY BE A POST OFFICE BO</u>	<u></u>
<ol> <li>If amending the registered agent and/or register new registered agent and/or the new registered</li> </ol>	red office address in Florida, enter the name of the office address:
- · · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reg	ristavad Agantı
	I am familiar with and accept the obligations of the position.
<del></del>	
Sign	nature 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	PT	John D	<u>loe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike J	ones	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	v		NAZARIO SERMENIO ASENCIO	10960 BEACH BLVD LOT 286
X Add				JACKSONVILLE FL 32246
Remove				-
2) Change	<u> </u>	<del></del>		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				<del> </del>
Remove				
5) Change	<del></del>	<u>.</u>		
Add				
Remove				
6) Change				
_		<del></del>		
Add				
Remove				

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

The date of each amendment(s) addate this document was signed.	Aoption:	, 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 bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 0/	1-20-16	
Signature		_
selecte	lirector, president or other officer - if directors or officers have not been cd, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	ERICK ESTRADA	
	(Typed or printed name of person signing)	<del></del>
	PT	
	(Title of person signing)	