

From: Roman Albano  
7/22/2016

Fax: (813) 932-3782

To: LLC Amendments Fax: +1 (850) 6176385  
Division of Corporations

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**P16000029755**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
OFFSHORE DESIGN BUILD INC**

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T. LEMMEUX  
JUL 25 2016

From: Roman Albano Fax: (813) 932-3782

To: LLC Amendments Fax: +1 (850) 6178383

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# FAX

## FROM

Roman Albano  
Contractors Reporting Service  
13795 North Nebraska Avenue  
Tampa  
FL 33613

Phone (813) 445-7083  
Fax Number (813) 932-3782

DATE 07/22/2016

NOTE

## TO

LLC Amendments

Phone  
Fax Number +1 (850) 6178383

From: Roman Albano

Fax: (813) 832-3782

To: LLC Amendments

Fax: +1 (850) 8176383

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Articles of Amendment  
to  
Articles of Incorporation  
of

(((H16000176886 3)))

OFFSHORE DESIGN BUILD INC

(Name of Corporation as currently filed with the Florida Dept. of State)

FL6000029755

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

301 W PLATT ST, STE 404

*(Principal office address **MUST BE A STREET ADDRESS**)*

TAMPA, FL 33606

**C. Enter new mailing address, if applicable:**

301 W PLATT ST, STE 404

*(Mailing address **MAY BE A POST OFFICE BOX**)*

TAMPA, FL 33606

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent:*

WILLIAM SCHAYLE

*New Registered Office Address:*

301 W PLATT ST, STE 404

*(Florida street address)*

TAMPA

*(City)*

Florida 33606

*(Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I 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*

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SECTION 607.1006  
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**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MELISSA SCHUKRAFT	301 W PLATT ST. STE 404 TAMPA, FL 33606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	MISSY SCHUKRAFT	2054 PARK CRESENT DR LAND O LAKES, FL 34639	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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((H16000176886 3))

The date of each amendment(s) adoption: 05/21/2016

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders 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 number of votes cast for the amendment(s) was/were sufficient for approval


by \_\_\_\_\_"

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 05/21/2016

Signature 

(By a director, president 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)

WILLIAM SCHAFFLE

(Typed or printed name of person signing)

PRES

(Title of person signing)