P16000032207

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: FAITH CONCRET	TE PUMPING & CONSTR	UCTION, CORP		
DOCUMENT NUMBE					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
F	ROBERT L. NISWONGER				
-		Name of Contact Persor	1		
Ŧ.	FAITH CONCRETE PUMPING& CONSTRUCTION, CORP				
<u>.</u>					
3	Firm/ Company 3140 SMITTER RD				
-	Address				
7	TAMPA , FL. 33618				
_	-	City/ State and Zip Code	2		
For further information	E-mail address: (to be us	ed for future annual report	notification)		
ROBERT L. NISMONGER at (813) 318-1507					
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle		

Articles of Amendment Articles of Incorporation of

FAITH CONCRETE PUMPING & CONSTRUCTION CORP	- 02 (1)
(Name of Corporation as currently filed with the Florida Dept. of State)	<u>المن المحت</u> اكا في
P16000032207	72
(Document Number of Corporation (if known)	1.
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the folloits Articles of Incorporation:	wing amendmen
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or th "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name m word "chartered," "professional association," or the abbreviation "P.A."	The new nee abbreviation the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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	
(Florida street address)	
New Registered Office Address:, Florida	
(City)	(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 positi	on.

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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	S/T	_	REBECCA NISWONGER	3140 SMITTER RD
Add				TAMPA, FL. 33618
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
, Add		. _		
Remove				1.00
6) Change				
Add				
Remove				

	al sheets, if necessary)	. (Be specific)	<u>te(s) here</u> :		
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<u>orovisions for i</u>	nt provides for an exc implementing the am icable, indicate N/A)	change, reclassifica endment if not con	ition, or cancellation	dment itself:	
<u>provisions for i</u>	implementing the am	change, reclassifica endment if not con	ation, or cancellation	dment itself:	
<u>orovisions for i</u>	implementing the am	change, reclassifica endment if not cor	ation, or cancellation	dment itself:	
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<u>provisions for i</u>	implementing the am	change, reclassifica endment if not cor	ation, or cancellation	dment itself:	
<u>provisions for i</u>	implementing the am	change, reclassifica endment if not cor	ntained in the amen	dment itself:	

The date of each amendment	SEPTEMBER 26,2016	, if other than the
date this document was signed		, 0
Effective date <u>if applicable</u> :	OCTOBER 1,2016	
in apparentie.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment cre sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statemed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
SEPT Dated	TEMBER 26,2016	
Signature _	Robert Newayer JR	
Si	By a director, president or other officer U if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other couppointed fiduciary by that fiduciary)	
	ROBERT L. NISWONGER	
	(Typed or printed name of person signing)	
	PRESIDENT & DIRECTOR	
	(Title of person signing)	