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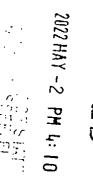
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C. BRUMBLEY
JUN 2 1 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FOURTH KILLER	R WATERPROOFING, EL	EVATED CONCRETE RES	
	BER: P16000043752			
	s of Amendment and fee are su	abmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	MICHAEL ROBINSON			
		Name of Contact Persor	1	
	ROBINSON ACCOUNTING	G SERVICE		
		Firm/ Company		
	2335 E BALDWIN RD			
		Address		
	PANAMA CITY, FL 32405			
		City/ State and Zip Cod	e	
	robinsonacctg@knology.net			
	= = = = •	sed for future annual report	notification)	
For further information	on concerning this matter, plea	. 850	769-2331	
Name	of Contact Person	Area Co)de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

FOURTH KILLER WATERPROOFING, ELEVATED CONCRETE RESTORATION & STUCCO SYSTEMS, INC.

(Name of Corporation as cu	<u>irrently filed with the Florida</u>	Dept. of State)
P166	000043752	
(Document Nur	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	es, this <i>Florida Profit Corporati</i>	ion adopts the following amendment(s)
A. If amending name, enter the new name of the corporati	ion:	
WATERPROOFING, CONCRETE RESTORATION & STUG	CCO SYSTEMS, INC.	The new
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Zo". A professional corporati	ited" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>))	2022
		A T
		
Enter new mailing address, if applicable:		in N
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>
		10
		i i i i i i i i i i i i i i i i i i i
 If amending the registered agent and/or registered office new registered agent and/or the new registered office ac 		e name of the
	uui css.	
Name of New Registered Agent		
(Flor	rida street address)	
New Registered Office Address:	=	Florida
	(City)	(Zip Code)
Now Degistered Agent's Signature of shapping Degistered	A cont.	
New Registered Agent's Signature, if changing Registered in the hereby accept the appointment as registered agent. I am fan	Agent. niliar with and accept the obligations of the obligation o	ations of the position.
	•	·
 .	New Registered Agent, if chang	
		· ,

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	ıdditional she	ing additional eets, if necessai	ry). (Be sp	recific)	·			
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f an am	iendment pr	ovides for an	exchange, re	eclassificatio	on, or cancel	lation of issu	ied shares,	
if a	not applicable	ementing the : le, indicate N/A	<u>amendment</u>)	ii not conta	unea in the 2	<u>imenameni i</u>	isen:	
		 .						
								<u> </u>
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The date of each amendment(date this document was signed.	s) adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fil	e date)
	is block does not meet the applicable statutory filing require Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without	shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the sufficient for approval.	he amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
April 28 Dated	3, 2022	
Signature	Mark Hamilton	
(By	a director, president or other officer - if directors or officers	
	ected, by an incorporator – if in the hands of a receiver, trusto- ointed fiduciary by that fiduciary)	ee, or other court
	MARK HAMILTON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	