P1600054533

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DIVISION OF CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: St. Pete Building	& Restoration, Inc.		
DOCUMENT NUMB	D16000054522			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following	g :	
J	ames F. Schmidt			
_		Name of Contac	t Person	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
S	st. Pete Building & Restorati	on, Inc.		
<u> </u>		Firm/ Comp	oany	
1	2110 92nd Avenue			
_		Address	3	
S	seminole, FL 33772			
_		City/ State and Z	Zip Code	
teresa@	stpetebuilding.com			
	E-mail address: (to be us	sed for future annua	l report n	otification)
				,
For further information	concerning this matter, pleas	se call:		
Teresa Gibbs		at (727) 623-6191
Name of	Contact Person		Area Code	& Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florid	da Depart	ment of State:
□ \$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional cop 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 hassee, FL 32314		Division Clifton E 2661 Ex	ent Section of Corporations

17 MAY 22 PH 5: 00

Articles of Amendment to Articles of Incorporation of

St. Pete Building & Restoration, Inc.		
(Name of Corpora	ation as currently filed with the Florida Dept. of State)	
P16000054533		
(Docu	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following a	imendment(s)
A. If amending name, enter the new name of the	corporation:	
	7	he new
	ord "corporation," "company," or "incorporated" or the abborp," "Inc," or "Co". A professional corporation name must co	reviation
B. Enter new principal office address, if applicab		_ _
(Principal office address <u>MUST BE A STREET AD</u>	DDRESS)	- V.S.
		
C. Enter new mailing address, if applicable:		22 22
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
		906A710H3
		00 (He)
		
D. If amending the registered agent and/or registered agent and/or the new registered	tered office address in Florida, enter the name of the	
	or office address;	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Coo	te)
New Registered Agent's Signature, if changing Re		
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.	
Sig	anature 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
i) Change	\mathcal{D}	_	Jimmy Worley	3335 Darlington Drive
X Add				Chipley, FL 32428
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		-		
Add				<u> </u>
Remove				
6) Change				
Add		_		
Remove				
KCHIOVC				

	ry). (Be specific)	ange(s) here:		
	P			
	<u> </u>			
	***************************************			·
		<u> </u>		
		<u> </u>	Arvent	
If an amandment provides for an	avahanaa vaalassi	fication or cancel	lation of issued she	amos:
If an amendment provides for an oppositions for implementing the a	amendment if not	contained in the a	mendment itself:	u cs.
(10)	()			
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				
(if not applicable, indicate N/A				

The date of each amendment(s)	adoption:, if other than
date this document was signed.	
	/16/2017
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	33
· · · · · · · · · · · · · · · · · · ·	(voting group)
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
05/17/2	017
Dated	7 71-00
Signature	AMINITED TO THE RESIDENCE OF THE PARTY OF TH
	director, president or other officer - if directors or officers have not been
selec	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	James F. Schmidt
	(Typed or printed name of person signing)
	President
	(Title of person signing)