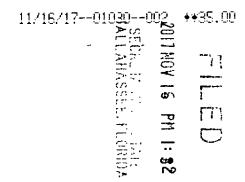


(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	nt Number)
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Special Instructions to Filing	Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON: St. Pete Building &	E Restoration,	Inc.	
DOCUMENT NUMBER:		.		
The enclosed Articles of Ar	nendment and fee are su	bmitted for fili	ng.	
Please return all correspond	ence concerning this ma	tter to the follo	wing:	
Jaine	es Schmidt			
		Name of Co	ontact Person	
ST.	Pete Building & Restorat	ion. Inc.		
			Company	
1211	0 92nd Avenue North	771110	company	
	<u> </u>	Ad	dress	
Sem	inole, FL 33772			
		City/ State a	and Zip Code	
iimmv@st	petebuilding.com			
· =	E-mail address: (to be us	ed for future a	nnual raport	natification
	E man address. (to be ds	ed for future a	шиат героге	notificationy
For further information con	cerning this matter, pleas	e call:		
James Schmidt		at (813	546-5607) le & Daytime Telephone Number
Name of Co	ntact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the l	Florida Depai	rtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division o P.O. Box	ent Section of Corporations		Divisio Clifton	Address nent Section t of Corporations Building tecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

St. Pete Building & Restoration, Inc.

St. rete bunding & Restoration, Inc.					
(Name of Corpo	ration as current	ly filed with the Florida De	ept. of State)		
P16000054533					
(Do	ocument Number o	f Corporation (if known)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this	Florida Profit Corporation	adopts the follow	ring amend	iment(s)
A. If amending name, enter the new name of th	ne corporation:				
N/A				The n	nterw
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or	Co". A professional corp		abbreviat	tion
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		N/A			_
			.		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	* <u>BOX</u>)	N/A	TAL	2017	
				HOW I	——————————————————————————————————————
D. If amending the registered agent and/or reg	istered office add	ress in Florida, enter the n	ame of the	ু জ	п П
new registered agent and/or the new registe			=1.	_ਾ ਜ	
Name of New Registered Agent N/A				82 	
	(Florida str	eet address)		-	
New Registered Office Address:			, Florida		_
		(City)	(Zi	p Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ageing	Registered Agent	i	ans of the position		
The second appointment as registered ages	r wiii junniuu 1	and accept the titingain	ons of the position		
	Signature of New R	Peyistered Avent 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> <u>Joh</u>	n Doe								
X Remove	<u>V</u> <u>Mil</u>	Mike Jones								
X Add	<u>SV</u> <u>Sall</u>	y Smith								
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s							
1) Change	/ D	Dwight Conley	P.O. box 18861							
$\frac{X}{X}$ Add	•——		Panama City Beach FL 33417							
Remove										
2) Change	× D	Anastasia Volodina	12110 92nd Avenue North							
X Add			Seminole, FI 33772							
Remove										
3) Change										
Add			· · · · · · · · · · · · · · · · · · ·							
Remove										
4) Change			<u> </u>							
Add										
Remove										
5) Change										
Add										
Remove										
6) Change										
Add										
Remove										

E. If amending or adding additional Article (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	,
<u>. </u>	
	
	
<u>. </u>	
F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) N/A	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) addate this document was signed.										
Effective date <u>if applicable</u> :										
		(no more	than 90 d	ays after	amendn	ient file	date)			
Note: If the date inserted in this bl document's effective date on the Dep				e statuto	ry filing	requir	ements. t	his date	will not t	oe listed as
Adoption of Amendment(s)	(<u>CHE</u>	CK ONE	<u>s</u>)							
☐ The amendment(s) was/were adop by the shareholders was/were suf			rs. The nu	mber of	votes cas	st for th	e amend	ment(s)		
☐ The amendment(s) was/were appr must be separately provided for a										
"The number of votes cast f	or the amend	ment(s) w	vas/were si	afficient	for appro	oval				
by	(votin									
	(votin	ig group)								
☐ The amendment(s) was/were adoptaction was not required.	oted by the bo	oard of di	rectors wit	hout sha	reholder	action	and share	eholder		
The amendment(s) was/were adopt action was not required.	nted by the in-	corporato	ors without	shareho	der actio	on and	sharehold	ler		
11/13/2017										
Dated				- /						
Signature				Ma	UC	7				
(By a dir selected	ector, preside by an incorp d fiduciary b	ocator – i	if in the ha							
	ames Schmid	dt								
-	(T)	yped or p	rinted nam	e of pers	on signi	ng)				
I	President									
-			(Title of p	erson sig	ning)					