## P17000013492

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(Business Entity Name)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CANDIAN CONS	TRUCTION & SERVICES	S INC
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	BRUNALDINO CANDIAN	URDANETA	
		Name of Contact Perso	n
	CANDIAN CONSTRUCTIO	N & SERVICES INC	
	"	Firm/ Company	
	622 BRIAR WAY LANE		
		Address	
	JACKSONVILLE FLORIDA	32259	
		City/ State and Zip Cod	e
BRU	NO-CANDIAN@HOTMAIL	СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas DIAN URDANETA	407	, 800-9160
Name o	of Contact Person		de & Daytime Telephone Number
	r the following amount made		•
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indment Section sion of Corporations Box 6327 ihassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation of

## CANDIAN CONSTRUCTION & SERVICES INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State	<u>.</u> )	
P1700001	3492		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Floridu Profit Corporation adopts the	following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:		m!	
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	The new report the abbreviation the must contain the	ท
B. Enter new principal office address, if applicable:	622 BRIAR WAY LANE		
(Principal office address MUST BE A STREET ADDRESS)	JACSONVILLE FLORIDA 32259	20	
		19 JE	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	622 BRIAR WAY LANE	L 25	COMMENTS  STREETS  STREETS
	JACSONVILLE FLORIDA 32259	999 <b>3</b>	E
		<u> </u>	ASTERN.
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		m v	
Name of New Registered Agent			
·	street address)		
New Registered Office Address:	, Florida_ (City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		osition.	
Signature of New	Registered Agent, if changing	<del></del>	

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

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NONE
NONE
<del>-</del>
<del></del>
E. Mariani, and the control of the c
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)
NONE
<del></del>

	07/18/2019	
The date of each amendment(s) a date this document was signed.	doption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 07	18/2019	
Signature <u>X</u>		_
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)	
	BRUNALDINO CANDIAN URDANETA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	