P17000015460

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	SEMJET, CORP.		
DOCUMENT NUME	BER: P17000015460		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Katherine Carpenter		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
		Firm/ Company	
	2120 Corporate Square Blvd	. #3	
		Address	
_	Jacksonville/FL/32216		
		City/ State and Zip Code	e
katie@	Dsedaconstruction.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Katherine Carpenter		904 at (de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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, Ft. 32314		Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssec, FL 32301

Articles of Amendment to Articles of Incorporation of

SEMJET, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P17000015460 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: SEMDEY, CORP. name must be distinguishable and contain the word "corporation," company, or 'incorporated' or the abbreviation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered." professional association," or the abbreviation "P.A." 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 (I lorida street address) New Registered Office Address: 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 position.

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 Unancial 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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Aadres</u> s
1) Change	S	John A Semanik	2120 Corporate Square Blvd. #3
Add			Jacksonville, FL 32216
X Remove			
2) Change	s	Katherine Carpenter	2120 Corporate Square Blvd. #3
X Add			Jacksonville, FL 32216
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		-	
Remove			
5) Change			
Ad d			
Remove			
6) Chanas			
6) Change			
Add			·
Remove			

	. (Be specific)			
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provisions for implementing the amo	hange, reclassification endment if not conta	on, or cancellation of ined in the amendm	if issued shares, ient itself:	
an amendment provides for an exc provisions for implementing the and (if not applicable, indicate N/A)	hange, reclassification to the contact of the conta	on, or cancellation of ined in the amendm	it issued shares, ent itself:	
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provisions for implementing the amo	hange, reclassification	on, or cancellation of ined in the amenda	ent itself:	

The date of each amendment	s) adoption:	, if other than th
date this document was signed.	02/27/2017	
Effective date if applicable:	03/27/2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in t document's effective date on th	nis block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	ot be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s).	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
03/27/2 Dated	017	
Signature	MA	
	a director, president or other officer – if directors or officers have not been	
sek	cted by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ounced fiduciary by that fiduciary)	
	John A. Semanik	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	