## D17000841624

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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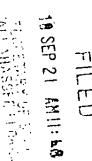
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

.

| NAME OF CORPO          | PRATION: Summas Striping I                  | ne.   |  |  |  |  |  |
|------------------------|---|---|--|--|--|--|--|
|                        | IBER: P17000041624                          |   |  |  |  |  |  |
|                        | s of Amendment and fee are su               | bmitted for filing.   |  |  |  |  |  |
| Please return all corr | espondence concerning this ma               | tter to the following:  |  |  |  |  |  |
|                        | Stephen Summas                              |   |  |  |  |  |  |
|                        |   | Name of Contact Person  | n  |  |  |  |  |
|                        | Summas Striping Inc.                        |   |  |  |  |  |  |
|                        | Firm/ Company                               |   |  |  |  |  |  |
|                        | 102 NE 2nd Street #339                      |   |  |  |  |  |  |
|                        |   | Address   |  |  |  |  |  |
|                        | Boca Raton FL 33432                         |   |  |  |  |  |  |
|                        | City/ State and Zip Code                    |   |  |  |  |  |  |
| ctav                   | e@summasasphaltconcrete.cor                 | m   |  |  |  |  |  |
| 3101                   |   | sed for future annual report  | notification)  |  |  |  |  |
|                        | is man address. (w be as                    | Totale amount report  |  |  |  |  |  |
| For further informati  | on concerning this matter, pleas            | se call:  |  |  |  |  |  |
| Stephen Summas         |   | at (  | 338-6927   |  |  |  |  |
| Name                   | of Contact Person                           | Area Code & Daytime Telephone Number  |  |  |  |  |  |
| Enclosed is a check t  | for the following amount made               | payable to the Florida Depa   | artment of State:  |  |  |  |  |
| □ \$35 Filing Fee      | ■\$43.75 Filing Fec & Certificate of Status | ☐\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mailing Address        |   | Street  | Address  |  |  |  |  |
| Amendment Section      |   | Amendment Section   |  |  |  |  |  |
|                        | vision of Corporations                      | Division of Corporations Clifton Building                                   |  |  |  |  |  |
|                        | D. Box 6327<br>Hahassee, FL 32314           | 2661 Executive Center Circle  |  |  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Summas Striping Inc.   |   |   |                         |
|--|---|---|-------------------------|
| (Name)   | of Corporation as currently filed w           | ith the Florida Dept. of State)   |                         |
| P17000041624   |   |   |                         |
| <del>1''</del>   | (Document Number of Corpora                   | tion (if known)   |                         |
| Pursuant to the provisions of section 607, its Articles of Incorporation:  | 1006, Florida Statutes, this <i>Florida F</i> | Profit Corporation adopts the follow  | ing amendment(s) to     |
| A. If amending name, enter the new na  | ame of the corporation:                       |   |                         |
|  |   |   | The new                 |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | ation "Corp." "Inc." or "Co". A               |   | abbreviation            |
| B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>                                  |   | * *** ** *****************************  | <del></del>             |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  |   | 2   | FILED<br>18 SEP 21 AMII |
| D. If amending the registered agent an new registered agent and/or the new   |   | orida, enter the name of the  |                         |
| Name of New Registered Agent   |   |   |                         |
|  | (Florida street addres                        | Local Control of the | <del>_</del>            |
|  | 102 NE 2nd Street Boca Raton                  | 33432   |                         |
| New Registered Office Address:   | (City)  | , Florida   | v Code)                 |
| New Registered Agent's Signature, if c l hereby accept the appointment as regist                                     |   | 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 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 Do     | <u>oe</u>           |                      |  |  |
|----------------------------|--------------|-------------|---------------------|----------------------|--|--|
| 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                  | D            |             | Joseph J. JR Summas | 1026 S. US Highway 1 |  |  |
| XAđd                       |              |             |                     | Jupiter FL 33477     |  |  |
| Remove                     |              |             |                     |                      |  |  |
| 2) Change                  |              | _           |                     |                      |  |  |
| Add                        |              |             |                     |                      |  |  |
| Remove                     |              |             |                     |                      |  |  |
| 3) Change                  |              | <u>.</u>    |                     |                      |  |  |
| Add                        |              |             |                     |                      |  |  |
| Remove                     |              |             |                     |                      |  |  |
| 4) Change                  |              |             |                     |                      |  |  |
| Add                        |              |             |                     |                      |  |  |
| Remove                     |              |             |                     |                      |  |  |
| 5) Change                  |              | _           |                     |                      |  |  |
| Add                        |              |             |                     |                      |  |  |
| Remove                     |              |             |                     |                      |  |  |
| 6) Change                  |              | _           |                     |                      |  |  |
| Add                        |              |             |                     |                      |  |  |
| Pamova                     |              |             |                     |                      |  |  |

| If amending or adding (Attach additional sheet |                                |                     | ( <u>s) here</u> : |                 |              |              |
|--|--------------------------------|---------------------|--------------------|-----------------|--------------|--------------|
| (Telegraphic States)                           | ii, ij necessar ji.            | (De spacy)          |                    |                 |              |              |
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|  |                                |                     |                    |                 |              |              |
| If an amendment prov                           | ides for an exchi              | ange, reclassificat | ion, or cancell    | ation of issued | shares,      |              |
| provisions for implem<br>(if not applicable,   | nenting the amen indicate N/A) | idment if not cont  | ained in the ai    | mendment itse   | <u>lf:</u>   |              |
|  |                                |                     |                    |                 |              |              |
| <del></del>                                    |                                |                     |                    | -               |              |              |
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. . . .

| The date of each amendment(s) adoption:  | , if other than th    |
|--|-----------------------|
| that this document was signed.   | v extroi man u        |
| Effective date if applicable:  |                       |
| (no more than 90 days after amendment file date)   | <del></del>           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.                        | I not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)   |                       |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.   |                       |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): |                       |
| "The number of votes cast for the amendment(s) was/were sufficient for approval  |                       |
| by"  (voting group)  |                       |
| (voting group)   |                       |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.  |                       |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.   |                       |
| 9/19/2018  |                       |
| Dated  |                       |
| Signature  |                       |
| (By a director, president or other officer – if directors or officers have not been  |                       |
| selected, by an incorporator – if in the hands of a receiver, trustee, or other court  |                       |
| appointed fiduciary by that fiduciary)   |                       |
| Stephen Summas   |                       |
| (Typed or printed name of person signing)  |                       |
| President  |                       |
| (Title of person signing)  |                       |