P17000063202

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corp	orations			<u>.</u> P.	
NAME OF CORPOR	RATION: WORCESTER CO	ONSTRUCTION INC		MI NIC 30 M 9 L.	
	BER: P17000063202			6 W	
				30	
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.		· ·	
Please return all corre	spondence concerning this ma	tter to the following:		.	
	LECIO DE PAULA				
Name of Contact Person					
BRILLIANT TAX SERVICES CORP					
	.,	Firm/ Company			
	P.O.BOX 19862				
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	SARASOTA, FL 34276				
		City/ State and Zip Cod	e e		
brillia	antaxservices@gmail.com				
	E-mail address; (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
LECIO DE PAULA		94) at (815-8886		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment 10 Articles of Incorporation of

WORCESTER CONSTRUCTION INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000063202 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5552 BENTGRASS DR UNIT 114 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SARASOTA, FL 34235 C. Enter new mailing address, if applicable: 5552 BENTGRASS DR UNIT 114 (Mailing address MAY BE A POST OFFICE BOX) SARASOTA, FL 34235 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 (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

Thereby 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 Financial Officer = If an officer director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be P1D.

Changes should be noted in the following manner. Currently John Doc 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 Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	KLEBER P PORFIRIO	18922 PEBBLE LINKS CIRCLE
Add			#2002
X Remove			TAMPA, FL 33647
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
and the state of t	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
provisions for implementing the amei (if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amen by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendments	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	ılder
Dated $08/28/2017$	
Signature	
Signature(By a director, president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or off appointed fiduciary by that fiduciary)	
WENDELL B CONTAO	
(Typed or printed name of person signing)	
YP (Title of person signing)	
(Title of person signing)	