## P17000066491

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:



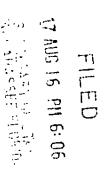


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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: RESENDES CON	STRUCTION INC	
DOCUMENT NUMBE			
	Amendment and fee are su	ibmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
Α	NGEL DIEZ		
	_	Name of Contact Person	1
D	BS DIEZ BUSINESS SER	VICES INC	
_		Firm/ Company	
-1	125 W WATERS AVE		
_		Address	
Т	AMPA, FL 33614		
		City/ State and Zip Cod	e
1515 A	CONTROL PRINTS (VAL)	,	
DBS.10	@FRONTIER.COM	1.0	<u> </u>
	E-mail address: (to be u	sed for future annual report	notification)
For further information c	concerning this matter, plea	se call:	
ANGEL DIEZ		813	871-1816 ) de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he 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)
Ameno Divisio P.O. B	ng Address dment Section on of Corporations fox 6327 assee, FL 32314	Ameno Divisio Cliftor	Address  Iment Section on of Corporations I Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as	currently filed with the Florida Dept. of State)
P17000066491	
(Document S	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statits Articles of Incorporation:	autes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbro	orporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
D. Francisco mineral office address if applicables	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	SS) = 3.4 5 TI
C. Enter new mailing address, if applicable:	<u> </u>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
in the state of th	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
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 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 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT Ja</u>	olin Doe	
X Remove	<u>V</u> <u>A</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	VP	CAROLYN RESENDE	18253 TOWNSEND HOUSE RD
X Add			DADE CITY, FL 33523
Remove			<del></del>
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change		<del></del>	
Add			1177
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
1.75 (15 Edg.	
- 40	
	<del></del>
16	hanna malanifi nation no manallation of innerd above.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N A)	
	<del></del>

	08/11/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	8/11/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	<b>I</b> (S)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	ment
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required. ☐ The amendment(s) was/were a	adopted by the board of directors without shareholder action and shareholder	der
action was not required.		
08/11/20 Dated		
<del>1</del>	9 1-3	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other committed fiduciary by that fiduciary)	n ourt
	ALCIDES M RESENDE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	