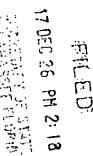
(Requestor's Name) (Address) (Address)	900306897
(City/State/Zip/Phone #)	12/26/170101702
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	S TALLENT DEC 29 2017
	Mend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TOP DOG MARI	NE CONSTRUCTION, CO	RP
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	LESLIE J JACKSON		
-		Name of Contact Person	1
	TOP DOG MARINE CONS	TRUCTION, CORP	
-		Firm/ Company	
	1924 SALT CREEK DRIVE		
-		Address	
	FLEIMING ISLAND, FL 32		
		City/ State and Zip Code	2
LJAC	KSON@MITCHELLPROFF	FITT.COM	,
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		314-3260
	f Contact Person	at (904	_)
	the following amount made		•
□ \$35 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)
Amer Divis P.O.	ing Address Indirect Section Ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

TOP DOG MARINE CONSTRUCTION, CORP

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000078719	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida 5 its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	·
	<u> </u>
	<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. 1 (am familiar with and accept the obligations of the position.
-	· · · · · · · · · · · · · · · · · · ·
Signat	ure 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.

Frample:

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	٧	JAMES BYRON ALTERS	5850 SWEET MOODY ROAD
X Add			GREEN COVE SPRINGS, FL
Remove			32043
2) X Change	D	LESLIE I JACKSON	1924 SALT CREEK DRIVE
Add			FLEMING ISLAND, FL 32003
Remove			
3 + Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	(Be specific)			
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If an amendment provides for an exch	ange, reclassification,	or cancellation of issu	ed shares,	
provisions for implementing the ame	ange, reclassification, or diment if not contained	or cancellation of issu I in the amendment i	sed shares, tself:	
provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, o	or cancellation of issu 1 in the amendment i	ed shares, tself:	
provisions for implementing the ame (if not applicable, indicate N/A) onald James Ruesskamp - 40 Shares	ange, reclassification, on the desired in the desired in the contained in the desired in the des	or cancellation of issu d in the amendment i	ed shares, tself:	
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provisions for implementing the ame (if not applicable, indicate N/A) onald James Ruesskamp - 40 Shares ames Byron Alters - 40 Shares	ange, reclassification, on the desired container of the c	or cancellation of issu d in the amendment i	sed shares, tself:	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
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 I	block does not meet the applicable statutory filing require department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the ufficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foler each voting group entitled to vote separately on the amen	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and s	shareholder
12-19-20 Dated	17	
	$0 \cdot 0$	
Signature	director, president or other officer - if directors or officers	have not been
select	ed, by an inc orporator — I f in the hands of a receiver, trustee	
appoi	nted fiduciary by that fiduciary)	
	Leslie J Jackson	
	(Typed or printed name of person signing)	
	Registered Agent VPD	
	(Title of person signing)	