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Amend

OCT 25 2018
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Square One Buildi	ng Solutions Corp				
DOCUMENT NUMBE						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
M	lichael Chambers					
_	•••	Name of Contact Persor	1			
S	Square One Building Solutions Corp					
<u></u>		Firm/ Company				
3:	205 S Scenic hwy					
		Address	_			
L	ake Wales Fl 33898					
_		City/ State and Zip Code	2			
il-n						
mike.sq	uareone@outlook.com	ed for future annual report	and Francisco			
	E-mail address: (to be us	ed for future annual report	nouncation)			
For further information of	concerning this matter, pleas	se call:				
Mike Chambers		at ( 407	2799000			
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  Idment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Square One Building Solutions Corp (Name of Corporation as currently filed with the Florida Dept. of State) p18000000811 (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: The new 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." 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 (Florida street address) New Registered Office Address: , Florida (City) (Zip Code) 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 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.

Example: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	D	Tyler Jordan Chambers	3205 S Scenic Hwy			
X Add			Lake Wales Fl 33898			
Remove			<del></del>			
2) Change						
Add						
Remove						
3 ) Change		_				
Add						
Remove						
4) Change						
Add			-			
Remove						
5) Change .						
Add						
Remove						
6) Change						
Add						
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	ssary). (Be specific)			
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f an amendment provides for	an exchange, reclassifi	cation, or cancellation	of issued shares,	
provisions for implementing t	the amendment if not c	cation, or cancellation ontained in the amend	of issued shares, ment itself:	
f an amendment provides for provisions for implementing t (if not applicable, indicate	the amendment if not c	cation, or cancellation ontained in the amend	of issued shares, ment itself:	
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	10/10/18	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	Moria	
Effective date if applicable:	0/10/18	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	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	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/10/18 Dated		
Dated		
Signature		
	director, president or other officer – if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	Michael Chambers	
	(Typed or printed name of person signing)	· <del></del>
	President	
	(Title of person signing)	<u> </u>