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COVER LETTER

H19000343449 3

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____ AJS Building Moving & Leveling, Inc.

DOCUMENT NUMBER: P1800002750

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra A. Faulkner, Esq.

Name of Contact Person

Burke Faulkner Law, P.A.

Firm/ Company

253A Pine Avenue N

Address

Oldsmar, FL 34677

City/ State and Zip Code

dehbie@burkefaulknerlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra A. Faulkner	at (727) 939-4900
Name of Contact Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fcc

S43.75 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)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

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AJS Building Moving & Leveling, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000002750

(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 "c "Inc.," or Co.," or the designation "Corp." "Inc, "chartered," "professional association," or the abbr	," or "Co". A professional co	corporated" or the abbrev rporation name must co	nlain the Pord	
B. Enter new principal office address, if applicabl	<u></u>		. N	- <u>5</u> .27*
(Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>)		эн. С	
			<u> </u>	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE Bu	<u>0X</u>)		<u> </u>	
			<u> </u>	
		·		
D. If amending the registered agent and/or registe		nter the name of the		
new registered agent and/or the new registered	<u>i office address:</u>			
Name of New Registered Agent				
	(Florida street address)	· • • • •		
New Registered Office Address:		Florida		
New Registered Office Autors.	(City)	,	Zip Code)	
New Registered Agent's Signature, if changing Re	reistered Agent:			
I hereby accept the appointment as registered agent.	I am familiar with and accept th	re obligations of the positi	ion.	

Signature of New Registered Agent, if changing

P

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:

(Auach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

<u>John Doc</u>

PT

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

From

X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	\$	Maynard H. Baker	20907 Bowman Road
Add			Spring Hill, FL 34610
X Remove			
2) Change			
Add			<u> </u>
Remove 3) Change			
Adđ			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			
		Page 2 of 4	

(Attach additional sheets, if necessary). (Be specific)

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From

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	<u></u>	
provisions for implementing the amendm (if not applicable, indicate N/A)	nent if not contained in the amendment itself:	
	·	
·		
	-	
·		
	Page 3 of 4	
The data of each amendment(a) adoption:		if other than the
The date of each amendment(s) adoption:	Page 3 of 4	, if other than the
The date of each amendment(s) adoption:		, if other than the

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document's effective date on the Department of State's records.		
Adoption of Amendment(s)	(CHECK ONE)	
The amendmeni(s) was/were ado by the shareholders was/were su	pied by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement ench voting group enlitted in vote separately on the amendment(s):	
Annual Contraction States States and	 A second sec	

Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as the

"The number of votes east for the amendment(s) was/wore stifficient for approval

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€¥.	a han ban dan galapi sepanan an mandan mananan ang manggrap op dan digi pang panggrap napina napina pang banan dan sana dan san	-1
	(vnting group)	
	(Wing Brown)	

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action with not required.

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 ilduciary by that fiduciary)

Michnel D. Knapp

(Typed or printed name of person signing)

President

(Title of person signing)

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The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.