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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: KA SI	HEETS CONSTRUCTION INC.
DOCUMENT NUMBER: P1900	000 6751
The enclosed Articles of Amendment and fee are so	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Rober	+ Shee+5 Name of Contact Person
	S CONSTRUCTION INC.
1615 29+1	AVE.
Vero Beac	Address  L TL 32960  City/ State and Zip Code
	ts 1958 (a) a mail. com sed for future annual report notification)
For further information concerning this matter, plea	se call:
Robert Sheets Name of Contact Person	at (772) 233 · 0240  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as currently	filed with the Florida Dept.10fiState)[2: 05
RA SHEETS CONSRU	
	Corporation (if known) AHASSEE. FLURIUM
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
RA SHEETS CONSTR	
name must be distinguishable and contain the word "co <mark>rporat</mark> ion, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
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)	
	N/K
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	muddress)
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 wi	th and accept the ublications of the position
r nereny accept the appointment as registered agent. I am juminar wi	un and accept the nonganous of the position.
	J W
Signature of New Re	gistered 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>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change					·
Add			\	, <del></del>	
Remove				/	
2) Change	-				
Add					<del></del> -
Remove			\ \ <b>\</b>	<del></del>	
3) Change					
Add					
Remove					····
4) Change		_			
Add					<del></del>
Remove					
5) Change		<u></u>			
Add					
Remove					
6) Change	_	<u> </u>			
Add					
Remove					

iach <i>aaaitional sneels, if nece</i>	al Articles, enter change (sary). (Be specific)			
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in amendment provides for	in exchange, reclassificat	ion, or cancellation	of issued shares,	
ovisions for implementing t	te amendment if not cont	ained in the amend	ment itself:	
(if not applicable, indicate	V/A)			
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		1/1		
		7/1		
		7/1		

The date of each amendment(s) adoption: _ date this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this day of State's records.	te will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s approval.	)
☐ The amendment(s) was/were approved by t must be separately provided for each votin	he shareholders through voting groups. The following statements group entitled to vote separately on the amendment(s):	nt
•	endment(s) was/were sufficient for approval	
by		
(ve	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	г
The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated 5.7.19 Signature	IB Shuk	
(By a director, pres selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
	obert Bruce Sheets	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	