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SECRETARY OF STATE

AUS 1 5 2019

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: MSTA CONCRETE INC.			
DOCUMENT NUMBER: (2 \ 9000 \ 9 \ 70			
The enclosed Articles of Amendment and fee are submitted for filling.			
Please return all correspondence concerning this matter to the following:			
Emma A. Vallin Name of Contact Person			
MSTA Concrete Inc.			
rimi/ Company			
5614 Kemen Dr.			
Address			
Lakeland, Fl. 33811 City/ State and Zip Code			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Emma A. Vallin at (863), 577-9305 Name of Contact Person Area Code & Daytime Telephone Number			
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:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)			
** Mailing Address Street Address Amendment Section Amendment Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation

Art	ricles of Incorporation ,,
	FILED FILED
MSTA (
(Name of Corporation	as currently filed with the Florida Dept. of State)
P190000	19170 MIS-5 P @ 33
(Document	Number of Corporation (if known) FURETARY OF STATE
Pursuant to the provisions of section 607.1006, Florida St is Articles of Incorporation:	Number of Corporation (if known) ECRETARY OF STATE AHASSEE, FLORIDA Latutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp.	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	
B. Enter new principal office address, if applicable:	5614 Kemen Dr.
(Principal office address <u>MUST BE A STREET ADDR</u>	
	•
C. Enter new mailing address, if applicable:	5614 Kemen Dr.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	Lakeland, FI 33811
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the ffice address:
Name of New Registered Agent	
Hame by Hen Register was gen	
	(Florida street address)
	, Florida
New Registered Office Address:	(City) , Florida, (Zip Code)
	(
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Signal	ture 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: \underline{X} Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary).	les, enter change (Be specific)			
		 -			
					
					<u> </u>
					
			 _		
					<u> </u>
f an amendment provid	des for an excl	hange, reclassifica	tion, <u>or cancellati</u>	on of issued shares	1
provisions for impleme	enting the ame	endment if not cor	tained in the ame	ndment itself:	
(if not conlicable i	indicate N/A)				
(и посаррисание, к					
(іј посаррисавіе, і					
(у погаррисаоте, г					
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(у ног аррисаоле, г					
(у погаррисионе, г					

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file day	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the artificient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement sent(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and	d shareholder
action was not required.	pted by the incorporators without shareholder action and sha	ureholder
Dated / 7/1	5/19	
Signature F	firector, president or other officer – if directors or officers ha	
(By a d	irector, president or other officer – if directors of officers ha	ve not been
selecte	d, by an incorporator - if in the hands of a receiver, trustee, of	or other court
appoin	ted fiduciary by that fiduciary)	
	/ France Mallin	
	(Typed or printed name of person signing)	
	Oresi den + (Title of person signing)	
	(Title of person signing)	