P19000022058

| (Requestor's Name) | | | |
|-------------------------|-------------------|-----------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | : #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: GEORGE & ASS | OCIATES CONTRACTO | RS & DEVELOPMENT INC | | |
|--|--|--|---|--|--|
| DOCUMENT NU | D10000000000 | | | | |
| The enclosed Articl | es of Amendment and fee are st | abmitted for filing. | | | |
| Please return all cor | respondence concerning this ma | atter to the following: | | | |
| | PORTIA GEORGE | | | | |
| | | Name of Contact Perso | on . | | |
| | GEORE AND ASSOCIATES CONTRACTORS AND DEVELOPMENT INC | | | | |
| | Firm/ Company | | | | |
| | 707 N. 19TH STREET | | | | |
| | | Address | | | |
| | FORT PIERCE, FL 34950 | | | | |
| | | City/ State and Zip Coo | de | | |
| GE | ORGECONSTRUCTION3@G | MAIL.COM | | | |
| | E-mail address: (to be us | sed for future annual repor | t notification) | | |
| For further informat | ion concerning this matter, pleas | se call: | | | |
| CONNIE WILLIAMS | | at (| 495-1322 | | |
| Nam | e of Contact Person | | ode & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: | | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 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 | | Ameno Divisio Cliftor | Address dment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

αf

GEORGE AND ASSOCIATES CONTRACTORS & DEVELOPMENT INC

| (Name | e of Corporation as currentl | y filed with the Florid | la Dept. of State) | |
|---|----------------------------------|-------------------------|--|--|
| P19000022058 | | | · | |
| | (Document Number of | Corporation (if known | 1) | |
| Pursuant to the provisions of section 60 its Articles of Incorporation: | 7.1006, Florida Statutes, this a | Florida Profit Corpord | ation adopts the following | ng amendmen |
| A. If amending name, enter the new i | name of the corporation: | | | |
| N/A | | | | |
| name must be distinguishable and co "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ | nauon Corp. Inc. or "(| a A professional a | ncorporated" or the a corporation name must | _The new abbreviation contain the |
| 3. Enter new principal office address | . if applicable: | N/A | | |
| Principal office address MUST BE A. | STREET ADDRESS) | | | |
| | | | | - |
| | | | | <u>-</u> - |
| Enter new mailing address, if app | licable: | NI/A | - | |
| (Mailing address MAY BE A POST | OFFICE BOX) | N/A | <u></u> | 19 |
| | | | | e n |
| | | | 12 | <u></u> |
| | | | | The state of the s |
| . If amending the registered agent an new registered agent and/or the ne | nd/or registered office addre | ss in Florida, enter th | e name of the | |
| | PORTIA GEORGE | | 7. 1 - 1 | 2 |
| Name of New Registered Agent | | | | |
| | 707 NORTH 19TH STREET | | | |
| | (Florida stree | t address) | | |
| New Registered Office Address: | | | , Florida | |
| | (0 | lity) | (Zip C | Code) |
| | | | | |
| ew Registered Agent's Signature, if c | hanging Registered Agent: | | | |
| nereby accept the appointment as regist | ered agent. I am familiar wit | h and accept the oblig | ations of the position. | |
| | 1 | | | |
| | | + | | |
| | Signature of New Rea | istored down if alimin | | |

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 = ChiefExecutive 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: | nove, una sauy | smun, SV as an Add. | | |
|----------------------------|--------------------|---------------------|----------------------------|------------|
| X Change | <u>FT</u> <u>1</u> | ohn Doe | | |
| X Remove | <u>V</u> <u>N</u> | Mike Jones | | |
| <u>X</u> Add | <u>sv</u> <u>s</u> | ally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address | |
| 1) Change | CEO/P | PORTIA GEORGE | 707 NORTH 19TH STREET | |
| X Add | | | FORT PIERCE, FL 34950 | |
| Remove | | | | |
| 2) Change | <u>COO</u> | CLERANCE J. REXFORD | 550 WEST FOREST TRAIL | |
| · X Add | | | VERO BEACH, FL 32962 | |
| Remove | | | 7.55 19 | |
| 3) Change | VP SF | GARY BELL | 6112 NW 10TH STREET 5 - | 7 1 |
| <u>X</u> Add | | | MARGATE, FL 33063 | |
| Remove | | | T | 7 |
| 4) Change | VPNWF | DERALD V. TURNER | 1292 AVONDALE WAY | |
| X Add | | | TALLAHASSEE, FL 32317 | |
| Remove | | | | |
| 5) Change | VPSWF | KELVIN FEDRICK | PO BOX 77401 | |
| <u>X</u> Add | | | TAMPA, FL 33675-2401 | |
| Remove | | | | |
| 6) Change | VPCF | MICHAEL MARTIN | PO BOX 9597 | |
| X Add | | | PORT SAINT LUCIE, FL 34985 | |
| Remove | | | | |
| | | | | |

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 | $\underline{\mathbf{v}}$ | 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 | EP/S | SARAH GEORGE | 514 NORTH 12TH STREET |
| XAdd | | · · · · · · · · · · · · · · · · · · · | FORT PIERCE, FL 34950 |
| Remove | | | |
| 2) Change | VP RD | SHAWN LEERNEST MORGAN | 2406 NORTH 43RD STREET |
| X Add | | | FORT PIERCE, FL 34947 |
| Remove | | | 现。 |
| 3) Change | D | MELANIE GEORGE | 2990 CONIFER DRIVE |
| X Add | | | FORT PIERCE, FL 34951 |
| Remove | | | |
| 4) Change | D | ROLIN DORSAINVIL | 629 GLENVIEW AVE |
| X Add | | | FORT PIERCE, FL 34982 |
| Remove | | | |
| 5) Change | P | JOHN GEORGE | 130 SOUTH INDIAN RIVER DR |
| Add | | | SUITE 244 |
| X Remove | | | FORT PIERCE, FL 34950 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| (Attach additional sheets, if necessary). (Be specific) | | |
|---|---------------|--------------|
| N/A | | |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued share provisions for implementing the amendment if not contained in the amendment itself: | <u>s,</u> | Day. |
| (if not applicable, indicate N/A) | • ', | \$1 io: |
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| 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 not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. | t be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated | 7 |
| (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 fiduciary by that fiduciary) PORTIA GEORGE | |
| (Typed or printed name of person signing) | |
| PRESIDENT/ CEO | |
| (Title of person signing) | |