P19000094930

(Requestor's Name)
(Address)
(Address)
(Modress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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2021 JUN 14 PH 2: 14

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Trinitask Construction, INC. DOCUMENT NUMBER: P19000094930
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Matthew Francis Gibbons Name of Contact Person
Firm/ Company 235 Apollo Beach, 12 #412 Address Apollo Beach, FL 33572 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (813) 419 - 1872 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment

to

Articles of Incorporation of	
Trinitask Construction, INC	
(Name of Corporation as currently filed with the Florida Dep	ot. of State)
P19000094930	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> a its Articles of Incorporation:	dopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation "chartered." "professional association." or the abbreviation "P.A."	
charterea. projessional association, or the appreviation 1°.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 na new registered agent and/or the new registered office address:	me of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	_, Florida
(City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	(Zip Gode) 2 (=:
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ns of the position. ————————————————————————————————————
	PH : 2:
Signature of New Registered Agent, if changing	10 **

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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, (f necessary)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Matthew J Gibbons	5614 Sengrass PL Apollo Bearl FL 33572
Add			Apollo Bearl FL 33572
Remove	140	√ L	
2) Change	<u>VP</u>	Jeannette M Gibbons	1 3 2 0 5 22 500
1 _X_ Add			Apollo Berd FZ 33572
Remove 3) Change	P	Matthew F Gibbons	367 Bobby Jones Rd
Add			Surasota, 12 34232
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	•
<u> </u>	
	-
If an amendment provides for an exchange the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Homen I not contained in the unchanged light.

The date of each amendment(s) ac	doption:	5/31/2021		, if other than the
date this document was signed.		•		
Effective date <u>if applicable</u> :	/ita m	ore than 90 days after amendn	unt file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet partment of State's	the applicable statutory filing records.	g requirements, this date wi	Il not be listed as the
Adoption of Amendment(s)	(CHECK (<u>ONE</u>)		
The amendment(s) was/were addaction was not required.	opted by the incorpt	orators, or board of directors w	ithout shareholder action an	d shareholder
☐ The amendment(s) was/were add by the shareholders was/were su			ist for the amendment(s)	2021
☐ The amendment(s) was/were appropriately provided for	proved by the sharel each voting group	holders through voting groups, entitled to vote separately on t	The following statement he amendment(s):	2021 JUH 1 4
"The number of votes cast	for the amendment	(s) was/were sufficient for app	roval	PH
by				23
	(voting gro	up)		=
Dated 6	19/2021			
Signature 2	19/2021 1914/2011	M		
(By a d	irector, president or	other officer – if directors or or – if in the hands of a receive		
		atthew J Gibbo or printed name of person sign	ning)	
		President		
	(Title o	f person signing)		