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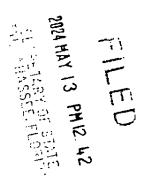
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A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BHJ CONSTRUCTION INC DOCUMENT NUMBER: P22000018012 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: RHONDA J LONGHORN Name of Contact Person RHONDA J LONGHORN PA Firm/ Company 969 S FEDERAL HWY #400 Address STUART, FL 34994 City/ State and Zip Code RHOJO@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RHONDA J LONGHORN at (772-220-7658)

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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

FILED

BHJ CONSTRUCTION INC (Name of Corporation as currently filed with the Florida Dept. of State), Of P22000018012 (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: BLUE HORIZON BUILDERS INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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, 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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<u> </u>
Remove			
2) Change			
Add			
Remove 3) Change		····	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

				
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f an amendment provides for an ex-	vahanga raalaasifiaation	or concellation of	icewad charac	
provisions for implementing the ar	mendment if not contain	ed in the amendme	ent itself:	
(if not applicable, indicate N/A)				
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The date of each amendment(s date this document was signed.	adoption:	, if other than the
J		
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file o	late)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requires Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sha	archolder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	e amendment(s)
- ·	approved by the shareholders through voting groups. The foll for each voting group entitled to vote separately on the amend	_
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by		,
	(voting group)	
04/30/20 Dated	024	
Signature	Bu Halr	
sele	a director, president or other officer - if directors or officers he cted, by an incorporator - if in the hands of a receiver, trustee ointed fiduciary by that fiduciary)	
арр	BRUCE HOLLMEYER	
	(Typed or printed name of person signing)	····
	PRESIDENT	
	(Title of person signing)	