## P22000021916

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: Continental Assoc	iate Construction Inc.			
DOCUMENT NUMBE	R: P22000021916		<del></del>		
The enclosed Articles of	**Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	itter to the following:			
_	D-	ouglas R. Loseke			
	Name of Contact Person				
	Continental Associates Construction Inc Firm/ Company				
	7 Highland I	Falls Dr.			
Address					
	Ormond Beach, FL 32174				
		City/ State and Zip Code	2		
	E-mail address: (to be us	construction@aol.com sed for future annual report	notification)		
For further information of	concerning this matter, plea	se call:			
Douglas R. Loseke		at ( <u>386</u>	) 999-1190		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:		
∑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Continental Associates Construction Inc.	
	y filed with the Florida Dept. of State)
(Name of Corporation as current)	y filed with the Florida Dept. of State) 2024 FAR 18 PM 1:25
P22000021916	LOZAMAR 18 PM 1.00
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this atticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co" or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
D. Catanana mineral office address if anticables	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:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
	. 151
<ul> <li>If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address;</li> </ul>	
new registered agent and/or the new registered office address	
Name of New Registered Agent Douglas R. Loseke	<del> </del>
260 Williamson Blvd. #73	1052
/Florida stre	
New Registered Office Address: Ormond Beach	, Florida_ <u>32174</u>
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations of the position.
( Lala & L	ale //
Signature of New Re	egistered Agent, if changing

Check if applicable

☑ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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.

Example: X Change	PT Jo	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	ST	Colleen K. Loseke	260 Williamson Blvd. #731953
Add			Ormond Beach, FL 32174
X Remove			
2) Change		And the second s	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A	
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provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
N/A	

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The date of each amendment(s) a date this document was signed.	doption: <u>03-06-2024</u>	, if other than the
-	s-06-2024	
Effective date <u>ir appriçable</u> .	(no more than 90 days after amendment file date	e)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement apartment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☑ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the artificient for approval.	nendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
selecte		
	President	
	(Title of person signing)	

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