## P95000015141

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SECRETARY OF STATE
ON OF CORPORATION

MAY 31 2017 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	ONSTRUCTION INC.	
DOCUMENT NUMBER: P95000015741		<u>,</u>
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SUZANNE M. VICKERS		
DON MILLER CONSTRUC	Name of Contact Persor TION INC.	1
1026 PIERSON DRIVE	Firm/ Company	
LYNN HAVEN, FL 32444	Address	
	City/ State and Zip Code	2
DONMILLERCONSTRUCTION@	YAHOO.COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
SUZANNE M. VICKERS	850 at (	265-8332
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

DON MILLER CONSTRUCTION INC.

(Name	of Corporation as currently	filed with the Florida Dept. of State)	- 6
P95000015741			子
	(Document Number of	Corporation (if known)	4
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	llowing amendme
A. If amending name, enter the new na	ame of the corporation:		
SUZANNE VICKERS CONSTRUCTIO			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	vation "Corp," "Inc," or "(	Co". A professional corporation name	the abbreviation must contain the
		1026 PIERSON DRIVE	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		LYNN HAVEN, FL 32444	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		1026 PIERSON DRIVE	
(maing laderess MAT DD IT 1 992	OITION DON	LYNN HAVEN, FL 32444	
D. If amending the registered agent an	nd/or registered office addr	ess in Florida, enter the name of the	
new registered agent and/or the new			
Name of New Registered Agent	N/A		· -
	(Florida stre	et address)	<del></del>
New Registered Office Address:	N/A	, Florida	
New Registered Office Address.	(	City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Degistered Agents		
hereby accept the appointment as regist		ith and accept the obligations of the pos	ition.
N/A			
	Signature of New Pe	poistered 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: X Change	<u>PT</u>	John Do	oe.	
X Remove	¥	Mike Jo	<u>nes</u>	
_X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		<u></u>		
Add				
Remove				
3) Change		_		
Add				-
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

E. <u>If aı</u>	ending or adding additional Articles, enter change(s) here:
	h additional sheets, if necessary). (Be specific)
N/A	
	,
lfar	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself:
PIG	if not applicable, indicate N/A)
N/A	
	The state of the s
···········	······································
	·

,	5/11/2017	
The date of each amendment(s date this document was signed.	adoption:	, if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as t
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	भ
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
5/1 <b>%</b> /20	17	
Dated	$\overline{}$	
Signature /	× whine M/15ch en	
Signature(By.	a director, president or other officer – if directors or officers have not been	·····
	cted, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
appe	ointed fiduciary by that fiduciary)	
	SUZANNE M. VICKERS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	