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(Requ	uestor's Name)	-
(Addr	ess)	
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(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	
(Doct	ument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Day Shore Construction INC
DOCUMENT NUMBER: \$95'0000 18795
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Bay Shore Construction Parcisis Firm/ Company Address Dradenton FL 34202 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 (941), 544-3978 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) S43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Bay Shore Constru	of action. Dec
	as currently filed with the Florida Dept. of State)
<u> </u>	15
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	eration:
A/A	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE.	ss)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA PORTS
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office to the new registered of the new registered	
Name of New Registered Agent N	
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the obligations of the position, MaQ.)
Sighatur	e of New Registered 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 Doe	
-			
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		ALEX MARTIN	6221 Willow Beck Ln
X_ Add			Bradenton FL
Remove			342000 = 1
2) Change			PRI -5
Add			7- 7-
Remove			12 D
3) Change			10 _A
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttach additional sheets, if necessary). (Be specific)		
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an amendment provides for an exchange, reclassification, or cancellation of issued share	<u>:s.</u>	
orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
NIA		
		
	_ <u>.</u>	
		 .

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	not 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 east for the amendment(s) was/were sufficient for approval	
by	2 2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(voting group)	1 3
Li The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder.	y L
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	D D
Dated 5/25/19	
Signature (au Marta)	,
(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)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	