P9600038628

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SHEER TAKE CORPORATIONS

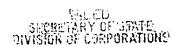
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: BUILD FLO	ORIDA INC.	
DOCUMENT NUMBI	P9600003862	8	····
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
ļ	Patrick O. Kenyo	n	
_		Name of Contact Person	n
<u> </u>	Build Florida Inc.		
_		Firm/ Company	
· _	10312 Autumnwo	od Drive	
		Address	
<u> </u> -	Hudson, FL 3466	57	
		City/ State and Zip Cod	e
rk.7	27@hotmail.com		
E-mail address: (to be used for future annual report notification)			
	concerning this matter, pleas		040 0000
Charlene Kenyon			819-2269
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the 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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Idment Sec	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



_	** *			
31	nia	+10	orida	Inc

14 SEP 22 AM 8: 55

(Name of Corporation as P96000038628	currently filed with the Flo	orida Dept. of State)	
(Documen	t Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Clorida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	lo". A professional corporation r	
B. Enter new principal office address,	if applicable:	10312 Autumnwood	d Drive
(Principal office address MUST BE A STREET ADDRESS)		Hudson, FL 34667	
C. Enter new mailing address, if applie		10312 Autumnwood	d Drive
(Maning matrices MATT BEATT OF TOTAL BOX)		Hudson, FL 34667	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new registered office address: Name of New Registered Agent Name of New Registered Agent			
	10312 Autumnw	ood Drive	
	(Florida stree		
New Registered Office Address:	Hudson	, Florida 346	67
	(City)	(Z	ip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist Signature, if cl		~	e position.

🕯 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 <math>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.

Xample: X Change	PT John	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u></u>	Rudolph Rode	230 W. Retta Street
Add Remove			Deleon Springs, FL 32130
2) Change	PTS	Patrick O. Kenyon	10312 Autumnwood Drive
✓ Add			Hudson, Florida 34667
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

·	icles, enter change(s) here: (Be specific)	
<u></u>		
		
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
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isions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	SIERE JAH UF LATE
date this document was signed.	SECRETARY OF SHAPE DIVISION OF CORPORATIONS
Effective date if applicable: (no more than 90 day)	s after amendment file date) SEP 22 AM 8: 55
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ber of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suff	ficient for approval
by	.,,
(voting group)	
The amendment(s) was/were adopted by the board of directors with action was not required. The amendment(s) was/were adopted by the incorporators without significant statements.	
action was not required.	
Dated September 19, 2014	_
Signature Path O Min	2
(By a director, president or other officer –	
selected, by an incorporator – if in the han appointed fiduciary by that fiduciary)	ds of a receiver, trustee, or other court
Patrick O. Kenyon	
(Typed or printed	1 name of person signing)
President	
(Title of	person signing)