## P990000003166

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	<i>f</i> )
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SECRETARY OF STATE DIVISION OF CORPORATIONS

GLEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADVANCED COM	STRUCTION SERVICES	s, INC.		
DOCUMENT NUMB	P99000023166				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
	ADVANCED CONSTRUCT	ION SERVICES, INC.			
		Name of Contact Person	า	<del></del>	
	DAVID DEL GALLO				
•		Firm/ Company		···	
	1550 E GONZALEZ ST				
•		Address			
	PENSACOLA FL 32501				
		City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
DAVID DEL GALLO	•	at ( <u>850</u>	) <del>435-9373-</del>	470-0446	
Name of Contact Person			de & Daytime T	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate Certified C (Additiona is enclosed	of Status 'opy I Copy	
Mailing Address			Address		
	endment Section sion of Corporations	Amendment Section Division of Corporations			
P.O.	Box 6327	Cliftor	Building		
Talla	ahassee, FL 32314	2661 E	Executive Center	r Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ADVANCED CONSTRUCTION SERVICES, INC.

15 JUL -6 PM 3: 56

(Name of Corpo	ration as currently filed with the Florida Dept. of State)
	P99000023166
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:
	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applic	able:
(Principal office address MUST BE A STREET)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>
D. If amending the registered agent and/or reg new registered agent and/or the new registe	istered office address in Florida, enter the name of the red office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
	nt. I am familiar with and accept the obligations of the position.
	Signature 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	<u>Name</u>	<u>Addres</u> s
1) Change	<u>v</u>	FRANK HUMPHREYS	1550 E GONZALEZ ST
X Add			
Remove			PENSACOLA FL 32501
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			WEST TO THE TOTAL
3 ) Change			
Add			
Remove			
4) Change	<del>- 1 - 1</del>		
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

		***************************************			
	<del></del>				
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				<del></del>	<del> </del>
					<del>.</del>
		<u></u>			
			(\$40)		
nn amendment provides for an excovisions for implementing the ar (if not applicable, indicate N/A)	<u>nendment if not</u>	ification, or canc contained in the	ellation of issued amendment itsel	shares, f:	
	•				

•	JUNE 1, 2015		
The date of each amendment(s) add	ption:	· · · · · · · · · · · · · · · · · · ·	, if other than the
date this document was signed.			FILED
,			SECRETARY OF STATE DIVISION OF CORPORATIONS
Effective date if applicable:			<u>IIVISION OF COR</u> PORATIONS
	(no more than 90 days afte		
			15 JUL -6 PM 3: 56
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statu artment of State's records.	tory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of icient for approval.	of votes cast for the amendment(s	)
	oved by the shareholders through voting ach voting group entitled to vote separ		nt
"The number of votes cast for	or the amendment(s) was/were sufficient	nt for approval	
by		"	
oy	(voting group)	,	
	(101118 8. 011)		
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without sh	nareholder action and shareholde	г
■ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareh	nolder action and shareholder	
Dated	6/20/15		
Signature			
Signature	ector, president or other officer - if dire	actors or officers have not been	
	by an incorporator – if in the hands of		<b>+</b>
	d fiduciary by that fiduciary)	a receiver, trustee, or other coun	
арроппе	\(\frac{1}{2} \)		
·	10010 Mer (121	70	
	(Typed or printed name of po	erson signing)	
-	GECRETARY - V	Nasur	<del></del>
	(Title of person s	signing)	