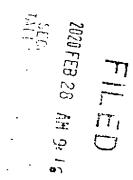
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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

| ENTITY NAME JIM | CAMPBELL CONSTRUCTION, INC. |
|--|--|
| DOCUMENT NUMB | ER |
| | **PLEASE FILE THE ATTACHED AND RETURN** |
| XXXXXX | Plain Copy |
| | Certified Copy |
| | Certificate of Status |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status |
| | Certificate of Status Reflecting: |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** |
| COUNTRY OF DESTII NUMBER OF CERTIFI | NATION ICATES REQUESTED |
| | 35 ACCOUNT # 120160000072 4: \ \ |

Articles of Amendment to Articles of Incorporation of

| Ħ | 3.1 | 114 | GIRGEN | ı | CONSTRUCTION | INC |
|------------|-------|-----|---------|----|-----------------|-----|
| J 1 | : N I | 1 | CALCULA | л. | A CHASTRON THUS | |

| (Name of Corporation as currently f | iled with the Florida Dept. of State) | | | | |
|---|--|--|--|--|--|
| P99000052815 | | | | | |
| (Document Number of C | orporation (if known) | | | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this Flatic Articles of Incorporation. | orida Profit Corporation adopts the following amendment(s) to | | | | |
| A. If amending name, enter the new name of the corporation: | | | | | |
| name must be distinguishable and contain the word "corporation," "con "Inv.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A." | The new npany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word | | | | |
| B. Enter new principal office address, if applicable: | 64 NE Acacia Trail | | | | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | Jenson Beach, FL 34957 | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 64 NE Acacia Trail | | | | |
| | Jenson Beach, FL 34957 | | | | |
| • | 2 | | | | |
| D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent James Campbell | المرابع المجتز | | | | |
| 64 NE Acacia Trail | | | | | |
| (Florida street | address) | | | | |
| New Registered Office Address. Jenson Beach | , Florida | | | | |
| | | | | | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with | h and accept the obligations of the position. | | | | |
| James Corner Signature of New Regi | mphe Ol | | | | |
| Signature of New Regi | istored Agent, if changing | | | | |

Check if applicable

[☐] The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e), 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:

F = 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 manuer. 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> | <u> John Doe</u> | | | |
|-------------------------------|----------------------|------------------|--|--|--|
| X Remove | $\overline{\lambda}$ | Mike Jones | | | |
| X Add | <u>\$V</u> | Sally Smith | | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | | |
| 1)Change | Ъ | Joseph Barrett | 2619 SW Monterrey Lane | | |
| Add | | | Port Saint Lucie, FL 34953 | | |
| x Remove | | | | | |
| 2) X Change | <u> P</u> | James Campbell | 64 NE Acacia Trai | | |
| Add | | | Jenson Beach, FL 34953 | | |
| Remove Change | | | | | |
| Add | | | *************************************** | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | - | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | 4117-1-14-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | |
| Remove | | | | | |

| famending or adding additional Artic Attach additional sheets, if necessary), | (Be specific) | | | |
|--|-------------------------------|---------------------------------------|----------------|-------------|
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| If an amendment provides for an exch | ange, reclassification, or ca | ncellation of issued sha | ires, | |
| provisions for implementing the ame (if not applicable, indicate NA) | adment if not contained in t | he amendment itself: | | |
| · · · | | | | |
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| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|---|--|
| 02/24/2020 | |
| Effective date if applicable: | |
| (no | more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not in document's effective date on the Department of State | eet the applicable statutory filing requirements, this date will not be listed as the e's records. |
| Adoption of Amendment(s) (CHEC) | CONE) |
| The amendment(s) was/were adopted by the incoraction was not required | rporators, or board of directors without shareholder action and shareholder |
| ☐ The (unendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro | cholders. The number of votes cast for the amendment(s) oval. |
| ☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grou | weholders through voting groups. The following statement up entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendme | ntt(s) was/were sufficient for approval |
| by | |
| (voting g | тоир) |
| Dated 02/24/2020 | As . |
| Signature | - MAN |
| | or other officer - if directors or officers have not been |
| appointed fiduciary by t | utor – if in the hands of a receiver, trustee, or other court hat fiduciary) |
| Joseph Barrett | <i>,</i> · |
| (Тур | ed or printed name of person signing) |
| President | |
| (Title | of person signing) |