595409

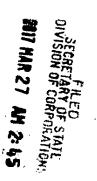
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TOM PICI & SON	I BIUILDERS, INC.	
DOCUMENT NUME	\$05400		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	,
	RACHEL PICI		
•		Name of Contact Perso	n
-		Firm/ Company	
	7211 IST AVENUE SOUTH	f	
-		Address	
_	ST. PETERSBURG, FL 337	07	
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
RACHEL PICI		at (<u>727</u>	363-8910
Name o	f 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Island of Corporations Box 6327 hassee, FL 32314	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

FILED SECRETARY OF STATE DIVISION OF CORPORATION:

TOM PICI & SON BUILDERS, INC.

117 HAR 27 AM 2: 45

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
S95409		· · · · · · · · · · · · · · · · · · ·
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	The new on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appliation (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	ress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	KEVIN REYNOLDS	
	2401 NW BOCA RATO	NBLVD.
	(Florida st	reet address)
New Registered Office Address:	BOCA RATON	. Florida 33431
		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familiar	

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	T S	GUY PICI	8219 31ST TERRACE	
Add			ST. PETERSBURG, FL 33710	
X Remove				
2) Change	S	TYLER PICI	7211 IST AVENUE S	
X Add			ST. PETERSBURG, FL 33707	
Remove				
3) Change	v	THOMAS JAMES PICI	7211 1ST AVENUE S	
X Add			ST. PETERSBURG, FL 33707	
Remove				
4) X Change	CFO	RACHEL PICI	7211 IST AVENUE S	
Add			ST. PETERSBURG, FL 33707	
Remove				
5) Change				
Add				
Remove				
0				
6) Change				
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself:		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
	if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) adoption date this document was signed.)n:	, if other than the
Effective date if applicable:	•	
Enecure date it applicable.	(no more than 90 days	after amendment file date)
Note: If the date inserted in this block of document's effective date on the Departm		tatutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number	er of votes cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each		
"The number of votes cast for the	e amendment(s) was/were suffic	cient for approval
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted to action was not required.		
The amendment(s) was/were adopted t action was not required.	by the incorporators without sha	areholder action and shareholder
Dated3 17	1/17	
Signature 1		
selected, by a		directors or officers have not been sof a receiver, trustee, or other court
	Carmine Pi	ci
	(Typed or printed name or	f person signing)
	President	
	(Title of perso	on signing)