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(Red	questor's Name)	
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Amend Thewis 10-12-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: GAB	EL & LANDS CONTRACT	ORS, INC.
DOCUMENT NUMBER	:	P02000019281	
The enclosed Articles of A	t <i>mendment</i> and fee a	are submitted for filing.	
Please return all correspon	dence concerning th	is matter to the following:	
		SCOTT GABEL	
	Ν	Name of Contact Person	
	GABEL & LA	ANDS CONTRACTORS, INC.	
		Firm/ Company	
	224	4 N. MAIN STREET	
		Address	
·		STINGS, FL 32145	
	C	lity/ State and Zip Code	
13	-mail address: (to be use	d for future annual report notification)	
For further information co	ncerning this matter,	please call:	
SCOTT			92-2211
Name of Contact	ct Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for the	following amount n	nade payable to the Florida Depar	tment of State:
	3.75 Filing Fee & ertificate 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)
Mailing Address		Street Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

GABEL & LANDS CONTRACTORS, INC.

P02000010281

	fo	
	to Articles of Incorporation	<i>*</i> ,
·	of	0900 1
GABEL & LAN	NDS CONTRACTORS, IN	C. Option State
	currently filed with the Florida De	pt. of State)
F	P02000019281	
	Number of Corporation (if known)	
ursuant to the provisions of section 607 mendment(s) to its Articles of Incorporati		a Profit Corporation adopts the follow
. If amending name, enter the new nar	ne of the corporation:	
		The new
Principal office address MUST BE A ST. Enter new mailing address, if application (Mailing address MAY BE A POST O.) If amending the registered agent and new registered agent and/or the new	able: FFICE BOX) or registered office address in Flo	rida, enter the name of the
Name of New Registered Agent:	SCOTT GABEL	
	220 N. MAIN STREET	
New Registered Office Address:	(Florida street addres	55)
	HASTINGS, FL 32145	, Florida (Zip Code)
	·	(124)
ew Registered Agent's Signature, if cha		
hereby accept the appointment as register	za ageni. Tam jaminar wiin ana ac	cept the obligations of the position.
	South Sout	
	 Signature of New Registered Age 	nt. 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	A. WELDON LANDS	224 N. MAIN STREET HASTINGS, FL 32145	☐ Add ☐ Remove
PRES	SCOTT GABEL	224 N. MAIN STREET HASTINGS, FL 32145	☑ Add □ Remove
·			
provisie (if n	mendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	t if not contained in the amendme	nt itself:
Corporation	on purchased all shares outstand	ding and owned by A. Weldon	Lands,
former pre	esident.		

The date of each amendment(s) adoption: February 1, 2009
Effective date <u>if applicable</u> : _	(date of adoption is required)
Elicitation in apparente.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval
. by	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроі	nted fiduciary by that fiduciary)
	SCOTT GABEL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)