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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	BOB'S BACKFLOW SERVICES, INC.	
DOCUMENT NU	JMBER:	P11000015271	
The enclosed Artic	cles of Amendment	and fee are submitted for filing.	
Please return all co	orrespondence conce	erning this matter to the following:	
		TIMOTHY W. YOUNG Name of Contact Person	
		Name of Contact Person	
	BOB'S BA	ACKFLOW & PLUMBING SERVICES, INC.	
		Firm/ Company	
	6510	O COLUMBIA PARK DR., SUITE 102	
		Address	
	JACKSONVILLE, FL 32258		
		City/ State and Zip Code	
	E-mail address	PLANE5779@AOL.COM (to be used for future annual report notification)	
For further inform	ation concerning thi	is matter, please call:	
TIM	OTHY W. YOUNG		
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following	amount made payable to the Florida Department of State:	
☑ \$35 Filing Fee	\$43.75 Filing For Certificate of St		sed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

BOB'S BACKFLOW SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11	000015271	
(Document Nun	nber of Corporation (if kno	wn)
Pursuant to the provisions of section 607.100e amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adopts the follo
A. If amending name, enter the new name of	f the corporation:	
BOB'S BACKFLOW 8	R PLUMBING SERVIC	ES, INC. The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFICE		
D. If amending the registered agent and/or remains registered agent and/or the new registered agent agen		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street o	nddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing the second the appointment as registered as the second the appointment as registered as the second the secon		and accept the obligations of the position.
	Tignature of Now Pagistare	d Agout if shauging

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	iding or adding additional Artic additional sheets, if necessary).		
<u>provis</u>		ange, reclassification, or cancelladded in the am	
N/A			

The date of each amendment(s) adoption: February 22, 2011
	(date of adoption is required)
Effective date if applicable:	February 22, 2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 of	ast for the amendment(s) was/were sufficient for approval
by	. 39
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated Fel	oruary 22, 2011
selec	a director, president of other officer. If directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	TIMOTHY W. YOUNG
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)