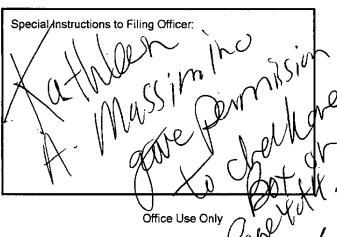
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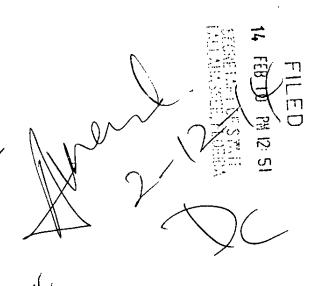
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status



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02/10/14--01020--022 **35.00





COVER LETTER

TO: Amendment Section

Division of Corporations Water Fire Mold Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

Kestoration 911 Was	fer fire Mold M.C.	
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
<u> 713000093</u>	3710	
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fit its Articles of Incorporation:	Iorida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name of the corporation:		
		e new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	Co". A professional corporation name must conto	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same	
	The second secon	
C. Francisco W. alde W. P. I.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SUML DE E	; <u> </u>
	5	, , , , ,
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	1/2 05/00/100	+
Name of New Registered Agent HOTOON	<u>Massimino</u>	
12190 6155	and North	
(Florida stree	et address)	
New Registered Office Address: West Palm	1 Deach, Florida 33412	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	
\mathcal{U}		
Signature of New Registered Ag	gent, 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change			Anthony Massimino	12190 615+ Lane N
Add	\bigvee	(Vje	Anthony Massimino Le President)	WPBch, FL 33412
Remove			/	
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				•
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	l sheets, if necessary	v). (Be specific)			
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an amendmer	t provides for an ex	xchange, reclassif	fication, or cancella	tion of issued shar	es,
	mplementing the ar	mendment if not	contained in the am	endment itself:	
rovisions for i	cable, inalcate N/A)	ı			
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The date of each amendment(s) add date this document was signed.	option:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	2/6/14	
selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary)	
-	Kathleen Massimino (Typed or printed name of person signing)	
· -	President	
	(Title of person signing)	