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Division of Corporations



Division of Corporations
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(((H12000067694 3)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN GENERAL PLUMBING, INC.

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## (((H12000067694 3)))

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR           | ATION: General Pl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | umbing, Inc.                                                                |                                                                                            |              |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------|
| DOCUMENT NUMB            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                            |              |
|                          | of Amendment and fee are su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | bmitted for filing.                                                         |                                                                                            |              |
| Please return all corres | pondence concerning this ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tter to the following:                                                      |                                                                                            |              |
|                          | Doug Santoro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | · · ·                                                                       |                                                                                            | • ;          |
| The second               | the same of the same of the same of the same of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of Contact Perso                                                       | <b>0</b>                                                                                   | <del></del>  |
|                          | General Plumbin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                                            |              |
|                          | The second secon | Firm/ Company                                                               | Control of Market processors and a state of the state of                                   | <del>-</del> |
|                          | 5519 Georgia Av                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | enue                                                                        |                                                                                            |              |
| • • • •                  | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Address                                                                     |                                                                                            | _            |
| :                        | West Palm Beacl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n, FL 33405                                                                 | •                                                                                          |              |
| •                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City/ State and Zip Cod                                                     | le                                                                                         | _            |
| dou                      | g@generalplumb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ina.com                                                                     |                                                                                            |              |
| <del></del>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | sed for future annual report                                                | notification)                                                                              |              |
| _                        | concerning this matter, pleas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                            |              |
| Doug Santoro             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <sub>at (</sub> 561                                                         | _ <sub>.)</sub> 585-2591                                                                   |              |
| Name o                   | f Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Area Co                                                                     | de & Daytime Telephone Numb                                                                | er           |
| Enclosed is a check for  | the following amount made p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | payable to the Florida Dep                                                  | artment of State:                                                                          |              |
| \$35 Filing Fee          | □\$43.75 Filing Fee & Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | □\$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | Certificate of Status Certified Copy (Additional Copy is enclosed)                         |              |
| Amer<br>Divis<br>P.O. J  | ing Address idment Section ion of Corporations Box 6327 nassee, FL 32314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Ameno<br>Divisio<br>Clifton<br>2661 E                                       | Address Innent Section on of Corporations Building executive Center Circle assee, FL 32301 |              |

## ((†Hilloofoodby/894°3)))

Articles of Incorporation of

| General Plumbing, Inc.                                                                                               | •                                 |                                                                                          |                                   |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
|                                                                                                                      | s currently filed with the Fl     | orida Dept. of State)                                                                    |                                   |
| 148582                                                                                                               |                                   |                                                                                          |                                   |
| (Docume)                                                                                                             | nt Number of Corporation (if      | known)                                                                                   |                                   |
| Pursuant to the provisions of section 607 its Articles of Incorporation:                                             | 1006, Florida Statutes, this I    | Florida Profit Corporation adopts the follo                                              | wing amendment(s)                 |
| A. If amending name, enter the new n                                                                                 | •                                 |                                                                                          |                                   |
| General Home Solutions                                                                                               | <u> </u>                          |                                                                                          | The new                           |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or "C       | ," "company," or "incorporated" or th<br>Co". A professional corporation name m<br>P.A." | e abbreviation<br>ust contain the |
| B. Enter new principal office address,<br>(Principal office address MUST BE A S                                      | if applicable:<br>TREET ADDRESS ) | N/A                                                                                      |                                   |
| •                                                                                                                    |                                   |                                                                                          |                                   |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)                                            |                                   | N/A                                                                                      | 72 五                              |
| ·                                                                                                                    |                                   |                                                                                          |                                   |
| D. If amending the registered agent an new registered agent and/or the new                                           |                                   | ss in Florida, enter the name of the                                                     | N 8: 00                           |
| Name of New Registered Agent                                                                                         | N/A                               |                                                                                          | 5                                 |
|                                                                                                                      | (Florida stree                    | et address)                                                                              |                                   |
| New Registered Office Address:                                                                                       |                                   | , Florida                                                                                | <del></del>                       |
|                                                                                                                      | (City)                            | (Zip Code)                                                                               |                                   |
| New Registered Agent's Signature, if cl I hereby accept the appointment as regist                                    |                                   | th and accept the obligations of the positio                                             | n.                                |
| Sig                                                                                                                  | mature of New Registered Ag       | gent, if changing                                                                        |                                   |

## (((H12000067694 3)))

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:

2393314091

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>y</u>    | Mike Jones   |   | •               |   |
| X Add                                  | <u>sv</u>   | Sally Smith  |   |                 |   |
| Type of Action<br>(Check One)          | Title       | <u>Name</u>  |   | <u>Addres</u> s |   |
| 1) N/A Change<br>N/A Add<br>N/A Remove |             | <del>.</del> |   | <u></u>         |   |
| 2) Change Add Remove                   |             | <del></del>  |   |                 |   |
| 3) Change Add Remove                   | •           |              |   |                 |   |
| 4) Change<br>Add<br>Remove             |             |              |   |                 | , |
| 5) Change<br>Add<br>Remove             |             | -            |   |                 |   |
| 6) Change<br>Add<br>Remove             |             | · ·          | , |                 |   |

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| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Article I.                                                                                                                                                                           |
| The name of this corporation formerly being Mickey, Inc. upon incorporation                                                                                                          |
| on September 23, 1946; and subsequently changed to General Plumbing, Inc.                                                                                                            |
| on March 4, 1952; is changed to General Home Solutions, Inc. as of this file date                                                                                                    |
|                                                                                                                                                                                      |
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|                                                                                                                                                                                      |
|                                                                                                                                                                                      |
| F. 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)                                                                                                                                                    |
| N/A                                                                                                                                                                                  |
|                                                                                                                                                                                      |
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| (((H12000067694 3)))                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (((H12000067694 3))) The date of each amendment(s) adoption: March 7, 2012                                                                                                                                                  |
| Effective date if applicable: upon file date.                                                                                                                                                                               |
| . (no more than 90 days after amendment file date)                                                                                                                                                                          |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                        |
| ■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.                                                                |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):                  |
| "The number of votes cast for the amendment(s) was/were sufficient for approval                                                                                                                                             |
| by,"                                                                                                                                                                                                                        |
| (voting group)                                                                                                                                                                                                              |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.                                                                                             |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.                                                                                                |
| Dated March 7, 2012                                                                                                                                                                                                         |
| Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Douglas W. Santoro                                                                                                                                                                                                          |
| (Typed or printed name of person signing)                                                                                                                                                                                   |
| President                                                                                                                                                                                                                   |
| (Title of person signing)                                                                                                                                                                                                   |