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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: O.E. Smith's Sons,	Inc.		_	
DOCUMENT NUM				_	
	es of Amendment and fee are su	bmitted for filing.			
Please return all con	respondence concerning this ma	tter to the following:			
	Helena Beck				
		Name of Contact Perso	n		
O.E. Smith's Sons, Inc.					
Firm/ Company					
11749 US 1 North					
Address					
Jacksonville, FL 32219					
		City/ State and Zip Cod	e		
Hel	ena@oesmiths.us				
	E-mail address: (to be us	sed for future annual report	notification)	_	
For further informat	ion concerning this matter, pleas	se call:			
Helena Beck		904	765-3511	SEC	
Name of Contact Person		Area Co	de & Daytime Telephone N	umber 3	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	\$3.53 ·	
■ \$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)		PH 17 0
M - 11' A A A			Address		

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

O.E. Smith's Sons, Inc.			
(<u>Name</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
369249			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	llowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
NA			The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
B. Enter new principal office address,	if annlicable:	NA	
(Principal office address MUST BE A S			
			·
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		NA	
D. If amending the registered agent ar			<u></u>
new registered agent and/or the ne		<u>s:</u>	TO THE TOTAL
Name of New Registered Agent	NA		25 2
	(Florida st	reet address)	
New Registered Office Address:	NA	. Florida	5 5
		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as regis		<u>t:</u> with and accept the obligations of the posi	ition
Thereby accept the appointment as regis	iereu ugeni. Tum jumiliur	with and accept the obligations of the post	uon.
	Signature of New I	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)

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)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	PS	Helena Beck	11749 US 1 North
Add			Jacksonville, FL 32219
Remove			
2) Change	T	Ronald Senechal	11749 US 1 North
X Add			Jacksonville, FL 32219
Remove	v	Davie Bruno	11749 US 1 North
3) Change		- David Dialio	Jacksonville, FL 32219
Add x Remove			Sackson vinc, 11. 32219
-	v	Kandis Estes	11749 US 1 North
4) Change X Add			Jacksonville, FL 32219
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		•	
Remove			

A	ditional sheets, if necessary). (Be specific)
·	
	
<u>lf an a</u>	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provis	as for implementing the amendment if not contained in the amendment itself: of applicable, indicate N/A)
A (S	n applicable, inaccuse WA)

The date of each amendment(s	NA s) adoption:	, if other than the
date this document was signed.	•	
Effective date if applicable:	NA .	
Effective date in applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	his block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast 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	cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
7/26/16 Dated	,	
Signature	lelone Del	
	a director, president or other officer – if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	TA CS
app	onited fiduciary by that fiduciary)	
	Helena Beck	ea E m
	(Typed or printed name of person signing)	
	President	
	Liezidetti	
	(Title of person signing)	
		•