F00898

| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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October 8, 2019

EARL SWEIGART 8167 CANAVERAL BLVD CAPE CANAVERAL, FL 32920

SUBJECT: DAVE KALM PLUMBING, INC.

Ref. Number: F00898

We have received your document for DAVE KALM PLUMBING, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 319A00020693

<u>:-</u>

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORAT | TION: DAUE | RALM PLI | m Bing INC. | | | |
|---|---|--|--|--|--|--|
| DOCUMENT NUMBER: FOO898 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| | FARL Swa | Name of Contact Person | | | | |
| | DAUG KALIN A | OLUMBING I | · NC | | | |
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| <u>්</u> | 161 CANA | Address | . Cu | | | |
| | | | 32920 | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| FARL Sw216-ART at (321) 183-1122 Name of Contact Person Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| ☐ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | |
| | | | . 11 | | | |

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

10

Articles of Incorporation

of

| (if known) **Corporation adopts the following amendment(The new v." or "incorporated" or the abbreviation ressional corporation name must contain the |
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| The new essional corporation name must contain the |
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| a, enter the name of the |
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| , Florida |
| (Zip Code) |
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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> | <u>Iohn D</u> | <u>oe</u> | |
|-------------------------------|--------------|---------------|-------------------|--------------------|
| X Remove | <u>v</u> | Mike J | ones | |
| X Add | <u>sv</u> | Sally S | mith | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1)Change | _V | _ | SCOTT D. SWEIGART | 3809 STONE MONT DA |
| _X_ Add | | | | COCOA FL. |
| Remove | | | | 32926 |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | · |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
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| If amending or adding additional Articolational Articolational sheets, if necessary). | |
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| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| FARL SUSIGA | ORT TRANSFERED 25 SHARES |
| | SCOTT SWEIGART ON 5-21-19 |
| UI STUCK TO | |
| | |
| FARC SURGEAR | RT PASSIBENT: HOLDS 75 SHAA |
| COTT SWEILAR | T U-PRES. HOLDS 25 SITARES |
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| The date of each amendment(s) adoption: date this document was signed. | 5-21-15 | if other than the |
|--|---|---|
| S S | | |
| Effective date <u>if applicable</u> : | 5 · 2 /- i ? (no more than 90 days after amendment file de | |
| | (no more than 90 days after anendment file de | ate) |
| Note: If the date inserted in this block does not document's effective date on the Department of S | ot meet the applicable statutory filing requirem State's records. | ents, this date will not be listed as the |
| Adoption of Amendment(s) (CHI | ECK ONE) | |
| ☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap | hareholders. The number of votes cast for the approval. | emendment(s) |
| The amendment(s) was/were approved by the must be separately provided for each voting a | shareholders through voting groups. The follow group entitled to vote separately on the amenda | ving statement nent(s): |
| | dinent(s) was/were sufficient for approval | |
| by: | ng group) | |
| (voti) | ng group) | |
| ☐ The amendment(s) was/were adopted by the b action was not required. | poard of directors without shareholder action and | d shareholder |
| The amendment(s) was/were adopted by the in action was not required. | ncorporators without shareholder action and sha | reholder |
| Dated 9-11-1 | 9 | |
| Signature Earl A | G Sinclusion Pass dent or other officer – if directors or officers have | , <u></u> |
| (By a director, presid | dent or other officer - if directors or officers have | ve not been |
| selected, by an incor appointed fiduciary | porator – if in the hands of a receiver, trustee, of | or other court |
| £1. | A 5 | |
| <u> </u> | Typed or printed name of person signing) | |
| | PRESIDE NT | |
| | PR ε ς: ης τω τ (Title of person signing) | |