FROM-GRAY ROBINSON PA 02-02-2018



# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000398073)))



H180000398073ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 : (407)843-8880 Phone

Fax Number : (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:				

### COR AMND/RESTATE/CORRECT OR O/D RESIGN CURRY & COMPANY PLUMBING, INC.

Certificate of Status	Û
Certified Copy	I
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

rsuant to the provisions of section 697. Articles of Incorporation:	(Document Number of	Corporation (if known)		
Articles of Incorporation:		Corporation (if known)		
Articles of Incorporation:	1000 Flacil Control of			
	redo, Pioride Sterates, this P	lorida Profit Corporation	adopts the following amend	meni(s) t
If amending name, enter the new na	ine of the corporation:			
			The n	. av.
ne must be distinguishable and cont forp.," "Inc.," or Co.," or the design rd "chartered," "professional associa	ution "Corp." "Inc." or "C	o". A professional corp.	rporated" or the abbreviati	ion
Enter new principal affice address, incipal office address MUST BE A S		<del></del>		-
				-
				_
Enter new mailing address, if appli (Mailing address MAY BE A POST of				
(Maring dimess Marios Arosi (	a casama			-
			<u> </u>	-
				_
If amonding the registered agent an		ss in Florida, enter the o	ame of the	
new registered agent and/or the new	v registered office address:			
Name of New Registered Agent	Chris Shills			
	950 W Beacon Road			
	(Florida sira	n address)		
New Registered Office Address:	Lakeland		, Florida	
HER REGISTED CHIECE HUBIES.		City)	(Zip Code)	-
w Registered Agent's Signature, If cl	nanging Registered Agent:			
ereby accept the appointment as registe		th and accept the obligati	ons of the position.	

Page 1 of 4

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/atrector title by the first letter of the office title;

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR + Trustue; 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, Treasmer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc 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 Y 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>PŢ</u>	John Doe	
<u>X</u> Remove	<u>y</u>	Mike Jones	
X Add	3 <u>v</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Scott W. Curry	950 W Bencon Road
Add			Lakeland, FL 33803
X Remove			
2) X Change	P	Chris Shills	\$445 Kingsmont Drive
			Lakeland, FL 33813
Remove			
3 } X Change	V۶	Steve Chasteen	2720 Old Polk City Road
Add			Lakeland, FL 33809
Remove			
4) Change	<u>T</u>	Stacy Bamberg	1047 Half Acre Road
Add			Auburndule, FL 33823
Remove			
5) Change			
Add			
Remove			
б)Change			
Add			
Remove			

Page 2 of 4

E. If umending or adding additional Arti-	Cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Bu specific)
N/A	
	<del></del>
orovisions for implementing the amer	ance, reclassification, or cancellation of issued abares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
_	

The date of each amendment(s) adoption:  date this document was signed.	if other than the
Effective date if noplicable:	
(no more than 90 days after amendment file date)	
Note: If the date inscrited in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of Sinto's reports.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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 2-1-18 Signature Wich MA	
(By a director, president or other officer - if directors or officers have not been	_
sciented, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
m 1	
CHRIS SHILLS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	