# J11019

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2010 SEP -7 AM 9: 58
SICRLTARY OF STATE

Amend

SEP 1 0 2010

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: MICHAE	EL WALL PLUMBING SERVICES, INC.
DOCUMENT NU	JMBER:	J11019
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.
Please return all co	orrespondence concerning this	s matter to the following:
		JANE I WALL
	Na	ame of Contact Person
	MICHAEL WALI	L PLUMBING SERVICES, INC.
		Firm/ Company
	30	030 SW 22ND ST
		Address
	FORT LA	AUDERDALE, FL 33312
	Ci	ty/ State and Zip Code
	MICHAELD_WALL @ E-mail address: (to be used	of for future annual report notification)
For further inform	ation concerning this matter,	please call:
	JANE I WALL	at ( 954 ) 791-7397
Name	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amount m	nade payable to the Florida Department of State:
□ \$35 Filing Fee		S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

### to Articles of Incorporation

	of	2
MICHAEL WALL	PLUMBING SERVICES, IN	Of State)  Alaska Salas Constitution adopts the fo
(Name of Corporation as	currently filed with the Florida Dept.	of State)
	J11019	AHASIDY
(Document	Number of Corporation (if known)	E. A.
rsuant to the provisions of section 607 endment(s) to its Articles of Incorporati	7.1006, Florida Statutes, this <i>Florida F</i> ion:	Profit Corporation adopts the fo
If amending name, enter the new nar	me of the corporation:	
		The ne
breviation "Corp.," "Inc.," or Co.," o	tain the word "corporation," "compor or the designation "Corp," "Inc," or " "professional association," or the abb	Co". A professional corporatio
incipal office address MUST BE A ST		-
Enter new mailing address, if applic (Mailing address MAY BE A POST O		
If amending the registered agent and new registered agent and/or the new	d/or registered office address in Florid registered office address:	da, enter the name of the
		da, enter the name of the
new registered agent and/or the new	registered office address:	da, enter the name of the
new registered agent and/or the new	registered office address:  JANE   WALL	
<u>Name of New Registered Agent:</u>	JANE I WALL 3030 SW 22ND ST	

Signature of New 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)

<u>Title</u>	'Name '	<u>Address</u>	Type of Action
D/P	MICHAEL D WALL	3030 SW 22ND FORT LAUDERDALE, FL 33312	☐ Add ☑ Remove
D/P	JANE I WALL	3030 SW 22ND FORT LAUDERDALE, FL 33312	☑ Add ☐ Remove
			☐ Add ☐ Remove
	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
provisi	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

	t(s) adoption: 9	
• Effective date <u>if applicable</u> :	9/03/2010	(date of adoption is required)
· •	(no more than	90 days after amendment file date)
Adoption of Amendment(s)	( <u>C</u>	HECK ONE)
The amendment(s) was/we by the shareholders was/w		ne shareholders. The number of votes cast for the amendme r approval.
		the shareholders through voting groups. The following state ag group entitled to vote separately on the amendment(s):
		endment(s) was/were sufficient for approval
by		,,,
	(voting group)	
	ere adopted by th	ne board of directors without shareholder action and shareholder
action was not required.  The amendment(s) was/we action was not required.	ere adopted by th	ne incorporators without shareholder action and shareholder
The amendment(s) was/we action was not required.		
The amendment(s) was/we action was not required.		
The amendment(s) was/we action was not required.  Dated  Signature (By sel	9/9/10  Ana of the director, presected, by an income	<i>USCLE</i> sident or other officer – if directors or officers have not been
The amendment(s) was/we action was not required.  Dated  Signature (By sel	9/3/10  Que al your director, presected, by an inconted fiduciary	sident or other officer – if directors or officers have not been proporator – if in the hands of a receiver, trustee, or other conductively by that fiduciary)
The amendment(s) was/we action was not required.  Dated  Signature (By sel	9/3/10  Ana I  ya director, presected, by an incommend fiduciary  Save  (T	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other contribute that fiduciary)  I WALL  Typed or printed name of person signing)  Director R  of person signing)