186133

(Re	equestor's Name)	
(Ad	idress)	
(1)		
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(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	HIGH SPRINGS PLUMBING & ELECTRIC, INC.		
DOCUMENT NUMBER:	L86133		
The enclosed Articles of Amendm	ent and fee are submitted for filing.		
Please return all correspondence c	oncerning this matter to the following:		
	AMY L. KENNER, CLA, FCP, FRP		
	Name of Contact Person		
	GRUNDER & PETTEWAY, P.A.		
	Firm/ Company		
23349 NW CR 236, SUITE 10 Address			
·			
	HIGH SPRINGS, FL 32643 City/ State and Zip Code		
E-mail add	ress: (to be used for future annual report notification)		
For further information concerning	g this matter, please call:		
AMY L. KENNER, CLA, Name of Contact Person	FCP, FRP at (386) 454-1298 EXT 222 Area Code & Daytime Telephone Number		
Enclosed is a check for the following	ing amount made payable to the Florida Department of State:		
S3 Filing Fee	ng Fee & S43.75 Filing Fee & S52.50 Filing Fee of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
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 Articles of Incorporation of

HIGH SPRINGS PLUMBING & ELECTRIC, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

DONALD R. DAVIS

19740 SOUTH HWY 441

New Registered Office Address:

(Florida street address)

HIGH SPRINGS

(City)

, Florida<u>32</u>643

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. If and familiar with and a cept the obligations of the position.

(Zip Code)

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>	<u>Name</u>	Address	Type of Action
PSTD	DONALD R. DAVIS	19740 SOUTH HWY 441 HIGH SPRINGS FL 32643	_ □ Add □ □ Remove
<u>V</u>	JOSEPH W. DAVIS, II	25064 NW 209TH AVE HIGH SPRINGS FL 32643	_
<u>s</u>	TAMMY DAVIS	20605 N HWY 441 HIGH SPRINGS FL 32643	
(anuch u	dditional sheets, if necessary). (Be sp	rectific)	
provision	nendment provides for an exchange, ons for implementing the amendment applicable, indicate N/A)		
		and the transfer of the transf	

The date of each amendment	(s) adoption: 17 Q011
•	· (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
•	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	7/2011
Signature	Wimall b San
	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 ointed fiduciary by that fiduciary)
	·
	DONALD R. DAVIS
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)