P000008214/

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	: #)		
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· (Do	cument Number)			
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SECRETARY OF STA

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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	Kleber Plumbing Services, Inc.		
DOCUMENT NUMBER: P to	00000 82141		
The enclosed Articles of Amendment and fee a	are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Ap	vil Kleber		
.,	Name of Contact Person		
Kle	yer flum bing Sus. Firm/Company		
4711 \$	S. Fern Creek Ave		
<u> </u>	Landw / F2 3280 b City/ State and Zip Code		
1			
	ber acf 1. V V. LOW ed for future armual report notification)		
For further information concerning this matter, Name of Contact Person	at (321) 224-4245 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:		
\$35 Filing Fee \$\text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Title	Name		Address	Tyr	e of Action
					Add Remove
	 	\sim \sim \sim \sim			Add Remove
	•	100			Add Remove
		additional Articles, ente			
<u>provisio</u>		vides for an exchange, re enting the amendment if ndicate N/A)			
					<u>-</u>

The date of each amendmen	t(s) adoption:
Effective date if applicable:	
• • • • • • • • • • • • • • • • • • • •	(no more than 90 days after amendment file date)
· ·	
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(street sufficient for approval.
, ,	ere approved by the shareholders through voting groups. The following stateme led 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)
٨	(voting group)
The amendment(s) was/we	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	
(PX) The emendment(s)	
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	6-1-09
Signature _	Thurse V
sel	y 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)
	April Kleber
	(Typed or printed name of person signing)
	Owner
	(Title of person signing)