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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SACKET	PLUMBING, INC
DOCUMENT NUMBER: POLOGO	19878
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
DAVID M SA	CKETT Contact Person
SACKE TT PLVY	MBING INC,
18544 ORLAN	DO RD
F7 MYERS F City/ State	L 33967 and Zip Code
	ComCAST, NET re annual report notification)
For further information concerning this matter, please of	call:
DAVID M SACKETT at Name of Contact Person	(239) 243-6072 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section And Division of Corporations Di P.O. Box 6327 Cli	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of			<u>۔۔۔</u>	AN.
SACKETT PI	LUMB1	NG IN	C - ot. of State)	Fifty ly	
P 0100	20 198	:78		75/3/20	
(Document Numb				, CK 0.	Ty C
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statu	tes, this <i>Florida</i>	Profit Corporati	on adopts the follo	wing
A. If amending name, enter the new name of t	he corporatio	<u>n:</u>		,	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the diname must contain the word "chartered," "profes	esignation "C	orp," "Inc," or	"Co". A profess	ional corporation	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET		•	ORLANDO MYERS	O RD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)		339/2 tm E	<u> </u>	
D. If amending the registered agent and/or reg new registered agent and/or the new registe	red office ad	dress:		me of the	
Name of New Registered Agent: New Registered Office Address:	18544	M SA DRLAN ida street addres	DO RD		
New Registered Agent's Signature, if changing	(City) Registered A	ent.	, Florida (Zip Code)	33967	,
I hereby accept the appointment as registered age Sign		Registered Ager		is oj ine position.	,

	ng the Officers and/or Directors, e		
	and title, name, and address of eac	h Officer and/or Director being	added:
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			<u>_</u>
			🛘 Remove
		 -	
			
			☐ Remove
			5 4.11
			
			Remove
			
F Ifamon	ding or adding additional Autisla	a anton ahanga(a) hava	
	ding or adding additional Articles		
(анасп с	additional sheets, if necessary). (E	se specific)	
			
			
			
F 10			
	mendment provides for an exchan		
	ions for implementing the amenda	nent if not contained in the ame	<u>ndment itself:</u>
(if i	not applicable, indicate N/A)		

The date of each amendment(s) adoption: (2/17///
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
•
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval
by"
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
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)