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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	VP Valve, Inc.				
OCUMENT NUMBER: P01000078038					
The enclosed Articles of Amendment and fee a	are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
-1	ennifer Toman				
	Name of Contact Person				
AVP Valve, Inc.					
	140 W. Brannen Rd.				
,	Address				
	akeland, FL 33813				
City/ State and Zip Code					
	Troman@tampabay.rr.com				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter,	please call:				
Jennifer Toma	n at 863, 709-0455				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount r	nude payable to the Florida Department of State:				
Enclosed is a check for the following amount is	rade physics to the Florida Department of State.				
\$35 Filing Fee					
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 of

AVP Valv	e, Inc.	
(Name of Corporation as currently t	iled with the Florida Dept. of State)	
P01000	078038	30. · ·
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatistics</i> Articles of Incorporation:	orida Profit Corporation adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the corporation:		ĺ
		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name mu	
B. Enter new principal office address, if applicable:	140 W. Branner	Rd.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lakeland, FL 3	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	140 W. Brannen	Rd.
	Lakeland, FL 33	3813
D. If amending the registered agent and/or registered office address	es in Florida, enter the name of the	
new registered agent and/or the new registered office address:	3 in Florida, Chief the hance of the	
Name of New Registered Agent Jennife	toman	
140 W. E	Brannen Rd.	
New Registered Office Address: Lakela	end Florida 3	3813
	ity) (Z	ip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the positio	n.
An I	Dl h	
Signature of New Reg	ristered Agent, if changing	
V		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CE() = Chairman or Clerk; CE()

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	n Doc	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> Sall	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Charles Olivier	4425 Sugartree Dr.
Add Remove			lakeland, FL 33813
2) Change Add	P	Gayle Olivier	6708 Englelake Dr. Lakeland, FL 3381
Remove 3) Change Add	<u></u> γ•ρ_	Troy Olivier	6440 Longwood Trace Lakeland, FL 3381
Remove 4) Change Add			
Remove 5) Change Add	 -	***************************************	
Remove			
6) Change			
Remove			_

	al sheets, if necessary). (Bi	. J ./		
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an amendme	nt provides for an exchange implementing the amendme	e, reclassification, o	r cancellation of issu	ued shares,
(if not app	licable, indicate N/A)	CHT II HOL CONTAINED	m me amenument i	tseu:
	N/A			
··-				
				
		 -		

The date of each amendment(s) adoption: date this document was signed.	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more i	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) wa	s/were sufficient for approval
by	
(voting group)	·
☐ The amendment(s) was/were adopted by the board of direction was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated7/24/2019	
Signature (Pug Signature	
selected, by an incorporator – if is appointed fiduciary by that fiduciary	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary)
Troy (Typed or prin	Olivier ted name of person signing)
(1) fred of prin	∨₽
· · · · · · · · · · · · · · · · · · ·	itle of person signing)
(1.	er or person signing)