P03000/3560/

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SECRETARY OF STATE OIVISION OF CORPORATION

Amend

FEB 1 5 2013 T. BROWN

COVER LETTER

TO: Amendment Section A Division of Corporations

NAME OF CORPORATION: _	BRIAN JA	SKOWIAK PLU	IMBING INC.		
DOCUMENT NUMBER:	P03000135601				
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.			
Please return all correspondence c	oncerning this mat	tter to the following:			
	BRL	AN JASKOWIAI	«		
<u> </u>		Name of Contact Perso			
BR	IAN JASK				
		Firm/ Company			
10	1008 CUTOFF BRANCH COURT				
		Address			
	OVIEDO,	, FL. 32765			
		City/ State and Zip Cod	e		
BRIAN	JASKOVI <i>A</i>	AK@BELLSOU	TH.NET		
E-mail	address: (to be us	ed for future annual report	notification)		
For further information concerning	this matter, pleas	e call:			
BRIAN JASKOVIA	ιK	_{at (} 407	, 832-5488		
Name of Contact P	erson		de & Daytime Telephone Number		
Enclosed is a check for the followi	ng amount made p	payable to the Florida Depa	artment of State;		
	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Sec Division of Corp		Amendment Section Division of Corporations			
P.O. Box 6327		Clifton Building			
Tallahassee, FL	32314	2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to **Articles of Incorporation** of



BRIAN JASKOWIAK PLUMBING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P03000135601

P0300013	וטסטכ			
(Document Number	of Corporation (if kr	iown)		_
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this <i>Flo</i>	rida Profit Corpor	ation adopts the following	ng amendmen
A. If amending name, enter the new name of the	e corporation:			
				The new
name must be distinguishable and contain the vi "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	orp," "Inc." or "Co	". A professional		abbreviation
B. Enter new principal office address, if applica	ble;			`
(Principal office address <u>MUST BE A STREET A</u>				_
	-			_
	-			_
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	· · · · · · · · · · · · · · · · · · ·		
	_			<u> </u>
	•			_
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter	the name of the	
Name of New Registered Agent				
	-			
	(Florida street d	address)		
New Registered Office Address:	(City)	,·	Florida(Zip Code)	·-
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registered agen	t. I am familiar with	and accept the obt	igations of the position.	
au .				

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)

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; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

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 is 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 Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	PT John Doe			
X Remove .	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change	VP	DAVID JASKOWIAK	1008 CUTOFF BRANCH COURT		
X Add			OVIEDO, FL 32765		
Remove					
2) X Change	P/D	BRIAN JASKOWIAK	1008 CUTOFF BRANCH COURT		
Add			OVIEDO, FL. 32765		
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add	-				
Remove					
Kemove		•			

		<mark>ng additional Arti</mark> ets, if necessary).		inglist alore.		•
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						HIR TEXT
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	. 					
<u>lf a</u>	an amendment pro	ovides for an exch ementing the amer	ange, reclassif	ication, or can	cellation of issued	<u>l shares,</u> elf:
	(if not applicabl	e, indicate N/A)				
		95 SHARE			 	
<u>SS</u>	UE OF 5 S	HARES TO	DAVID	JASKOV	/IAK	
		, 			<u> </u>	
						
				 		

The date of each amendment(s) a	doption: JANUARY 1, 2013
Effective date if applicable: JA	NUARY 1, 2013
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_FEBR	UARY 6, 2013
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	BRIAN JASKOWIAK
	(Typed or printed name of person signing)
	PRESIDENT/ DIRECTOR
	(Title of person signing)