

Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : CONTRACTORS REPORTING SERVICES, INC.
 Account Number : I20050000099
 Phone : (813) 932-5244
 Fax Number : (013) 932-3702

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 11 SEP 23 AM 8:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 PRECISION PLUMBING SERVICES, INC**

Certificate of Status	0
Certified Copy	0
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11 SEP 23 AM 1:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Amen
 9/26/11
 TL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRECISION PLUMBING SERVICES INC

DOCUMENT NUMBER: P03000146976

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALBANO

Name of Contact Person

at

(813) 932-5244

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate 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

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
to
Articles of Incorporation
of

PRECISION PLUMBING SERVICES INC

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

P03000146976

(Document Number of Corporation (if known))

SECRETARY OF STATE
SEP 23 AM 12:12
STATE OF FLORIDA

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:

_____ *The new 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: 17031-2 ALICO COMMERCE CT
(Principal office address MUST BE A STREET ADDRESS) FT MYERS, FL 33967

C. Enter new mailing address, if applicable: 17031-2 ALICO COMMERCE CT
(Mailing address MAY BE A POST OFFICE BOX) FT MYERS, FL 33967

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: TIMOTHY SHANKS

New Registered Office Address: 17031-2 ALICO COMMERCE CT
(Florida street address)

FT. MYERS, Florida 33967
(City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PS	ZUKOWSKI, PAUL	15441 OLD WEDGEWOOD CT FT MYERS FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	SHANKS, TIMOTHY	17031-2 ALICO COMMERCE CT FT MYERS, FL 33967	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	SHANKS, CANDY	17031-2 ALICO COMMERCE CT FT MYERS, FL 33967	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 09/23/2011
(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 _____"
(voting group)
- 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 09/23/2011

Signature Timothy R Shanks ←
(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)

TIMOTHY R SHANKS
(Typed or printed name of person signing)

VP
(Title of person signing)