## P04000016740

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T SCHROEDER

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: YOUNG'S CHIM	NEY SERVICE, INC	
	IBER: P04000016740		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	GEORGE ELIAS		
	<u>,</u>	Name of Contact Perso	n
	YOUNG'S CHIMNEY SERV	VICE, INC.	
		Firm/ Company	
	3290 PHONETIA DR	, , , , , , , , , , , , , , , , , , , ,	
		Address	
	DELTONA, FL 32738		
		City/ State and Zip Cod	е
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
GEORGE ELIAS		at (	701-8009
Namo	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment 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 Street Address

Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation

of

YOUNG'S CHIMNEY SERVICE, INC.

(Name of Corp.	oration as currently	filed with the Florida D	ept. of State)	
P04000016740				
(I)	Occument Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation	adopts the following amer	ndment(s) to
A. If amending name, enter the new name of t	the corporation:			
				new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp," "Inc," or "C	o". A professional corp	rporated" or the abbrevi oration name must contai	ation n the
B. Enter new principal office address, if appli	cable:			
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )			
				<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E ROX)			
()				
			<u> </u>	<del></del>
D. If amending the registered agent and/or re		ss in Florida, enter the i	name of the	<u> </u>
new registered agent and/or the new regist	tered office address:		SE 2	
Name of New Registered Agent				7
·			<u> </u>	
	(Florida stree	address)	<u> </u>	
New Registered Office Address:		City)	, Florida(Zip Code)	<del></del>
	,	-11.7	(rap com)	
New Registered Agent's Signature, if changing		- )		
I hereby accept the appointment as registered ag	gent. – Lam familiar w.	th and accept the obligat	ions of the position.	
	Signature of New Re	gistered Agent, if changing	រថ្	

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.

Example: X_Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	JAMES ELIAS	3290 PHONETIA DR
Add			DELTONA. FL 32738
X Remove			
2) Change			
Add			19 SEC
Remove			19 AUU SEGRE KLIJAH
3) Change			الا لك <sub>الت</sub> يداد
Add			2 2 2
Remove			
4) Change			ALE ORIDA
Add			<del></del>
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Damova			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
	·			
		- As		
		- <del>128</del>	<u> </u>	
		SECRETAK) ALLAHASSE	AUG -	7
If an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,		2	-
provisions for implementing the ame	ndment if not contained in the amendment itself:		PH	1
(if not applicable, indicate N/A)		810 J. V.I.S.	<del></del>	Û
		AIE.	ဌ	
		•		
			<del></del>	

The date of each amendment(s) ad late this document was signed.	option:	, if other than
JULY	7 26, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<u> </u>
<b>Note:</b> If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
The amendment(s) was/were appr must be separately provided for e	oved 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 f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop	ited by the board of directors without shareholder action and shareholder	19 AUG -
action was not required.	SSE SERVE	-2
JULY 26, 20 Dated	19	
Signature	Deage Elian Bill	1 35
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffuciary by that fiduciary)	_
_	Grorge ELIAS	
_	(Typed or printed name of person signing)	<del></del>
	PRESIDEN	
	(Title of person signing)	<del></del>