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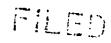


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ALL-CITY PLUM	ABING OF BREVARD, INC	_ 				
DOCUMENT NUMBER: P04000085003						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:					
DAVE FITZSIMMONS						
	Name of Contact Person					
ALL-CITY PLUMBING OI	ALL-CITY PLUMBING OF BREVARD, INC.					
	Firm/ Company					
804 OAK STREET						
	Address	··· <u> </u>				
MELBOURNE BEACH, FL	. 32951					
	City/ State and Zip Code	-				
DAVETHEPLUMBER321@GM/	AIL.COM					
_	ised for future annual report r	notification)				
For further information concerning this matter, please call:						
DAVE FITZSIMMONS	at (505-3735				
Name of Contact Person	Area Coc	e & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depar	rtment of State:				
\$35 Filing Fee \$Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amendi Division Clifton 2661 E	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301				

Articles of Amendment to Articles of Incorporation of



ALL-CITY PLUMBING OF BREVARD, INC.

2010 HOV 15 P 3 30

(Name of Corporation as curren	
04000085003	to me on him and he was a second
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006. Florida Statutes, this s Articles of Incorporation:	s Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
	The new
ame must he distinguishable and contain the word "corporati Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter new principal office address, if applicable:	2123 CIRCLEWOOD DRIVE
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MELBOURNE, FLORIDA 32935
	· · · · · · · · · · · · · · · · · · ·
Vinter now mailing address if applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2123 CIRCLEWOOD DRIVE
	2123 CIRCLEWOOD DRIVE MELBOURNE, FLORIDA 32935
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	MELBOURNE, FLORIDA 32935 dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office add	MELBOURNE, FLORIDA 32935 dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	MELBOURNE, FLORIDA 32935 dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	MELBOURNE, FLORIDA 32935 dress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) 1. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	MELBOURNE, FLORIDA 32935 dress in Florida, enter the name of the ss:

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Þ	DAVID J. FITZSIMMONS	804 OAK STREET
Add			MELBOURNE BEACH, FL 32951
X Remove			
2) Change	P	DAVID MICHAEL FITZSIMMONS	2123 CIRCLEWOOD DRIVE
X Add			MELBOURNE, FL 32935
Remove	V	DAVID MICHAEL FITZSIMMONS	2123 CIRCLEWOOD DRIVE
3) Change	-		MELBOURNE, FL 32935
Add			WELBOOKNE, PL 32933
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove		•	
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
,	
, , .	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у посирущите, такае гол)	
·	

The date of each amendment(s) a	doption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	11-15-18 Pa	
Signatura	Ha	
	director, president or other officer – if directors or officers have not been	
selecte	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	nted fiduciary by that fiduciary)	
	DAVID J. FITZSIMMONS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	