Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

| 77     | Address: |  |  |  |
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

H2O 911, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

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## Articles of Amendment to Articles of Incorporation

| H2O 911, Inc.  |  |   |                      |
|--|--|---|----------------------|
| (Name of Corporation as currently P06000011597   | y filed with the Florida D                     | lent, of State)   |                      |
|  | -10  |   |                      |
| ,  | r of Corporation (if known)                    |   |                      |
| Pursuant to the provisions of section 607.1006, Flat<br>its Articles of Incorporation:   | rida Statutes, this <i>Florida</i> .           | Profit Corporation adopts the fo                              | llowing amendment(s) |
| A. If amending name, enter the new name of the   | eorporation:                                   |   |                      |
| Keystone Builders of Southwes  | st Florida, Inc.                               |   | The new              |
| name must be distinguishable and contain the v<br>"Corp.," "Inc.," or Co.," or the designation "Co<br>word "chartered," "professional association," or t | orp, " "Inc," or "Co". A                       | npany," or "incorporated" or<br>professional corporation name | the abbreviation     |
| B. <u>Enter new principal office address if applica</u><br>(Principal office address <u>MUST BE A STREET A</u>   |  |   |                      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  |  |   | <del></del>          |
| D. Yf amonding the underland arount and/or model   |  |   |                      |
| D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register                                      | red office address:                            | torida, enter the name of the                                 |                      |
| Name of New Registered Agent   |  |   |                      |
| <del></del>  | (Florida street addre                          | <u></u>   |                      |
| New Registered Office Address:   |  | , Florida   | <del></del>          |
|  | (City)   | (Zip Co   | de)                  |
| New Registered Agent's Signature, if changing F<br>I hereby accept the appointment as registered agen  | legistered Agent:<br>1. I am familiar with and | accept the obligations of the pas                             | ition.               |
| Signature of   | New Registered Agent, if                       | charging  |                      |

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 Cierk; 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                      | PT          | John Do      | <b>K</b> |   |             |              |              |                                       |     |   |
|-------------------------------|-------------|--------------|----------|---|-------------|--------------|--------------|---------------------------------------|-----|---|
| X Remove                      | ¥           | Mike Jo      | nes      |   |             |              |              |                                       |     |   |
| _X Add                        | <u>sy</u>   | Sally Sp     | nith.    |   |             |              |              |                                       |     |   |
| Type of Action<br>(Check One) | Title       |              | Name '   |   |             |              | Address      |                                       |     |   |
| 1) Change                     |             | _            |          |   | <del></del> | ، حجت        |              |                                       | ··· |   |
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| 2) Change                     |             | _            |          |   |             |              | <del> </del> |                                       |     |   |
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| 3) Change                     | <del></del> | <del>-</del> |          |   | <u>.</u>    | <del>-</del> | <del> </del> |                                       |     |   |
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| 4) Change                     |             | _            |          | · | <u>.</u>    | _            |              |                                       |     |   |
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| 5) Change                     |             | _            |          |   | •           |              |              |                                       |     |   |
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|                             | onal sheets, if nece  | ssory). (Be s | ter change(s) )<br>pecific)           | -                                    |                                   |         |
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| The date of each amendment(s) date this document was signed. | adoption:  | if other than the |
|--|--|-------------------|
| Effective date if applicable:                                | (no more than 90 days after amendment file date)   | _                 |
| Adoption of Amendment(s)                                     | (CHECK ONE)  |                   |
| The amendment(s) was/were a by the shareholders was/were     | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |                   |
| The amendment(s) was/were s<br>must be separately provided;  | pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):                                      |                   |
| "The number of votes or                                      | st for the amendment(s) was/were sufficient for approval   |                   |
| ьу   | , n  |                   |
|  | (voting group)   |                   |
| The amendment(s) was/were action was not required.           | adopted by the board of directors without shareholder action and shareholder   |                   |
| The amendment(s) was/were action was not required.           | adopted by the incorporators without shareholder action and shareholder  |                   |
| Dated Noven  | aber 1, 2013   |                   |
| Samue  |  |                   |
| aciecti .  | Process, president or other officer - If three or officers have not been d, by an incorpanion - if hi the heads of a receiver, prince, or other count and fiduciary by that fiduciary) | _                 |
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