P06000019482

•		
(Red	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone #	(#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Name)
(Doo	ument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to F	ilina Officer:	
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Office Use Only



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09 FEB 24 PM 2: 43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Strang Slapon

COVER LETTER

TO: Amendment Section Division of Corporations

	,	
NAME OF CORPORATION: $\frac{\lambda^2 \sqrt{2}}{2}$, zazirq rotu 7 zwi	The
DOCUMENT NUMBER: 706	5000019482	
The enclosed Articles of Amendment and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Zow	me of Contact Person)	
Swik	Haw Jwc. (Firm/Company)	
01811	Hickory Covo (Address)	
ZAX (Cit	y/State and Zip Code)	
For further information concerning this matt	•	
Name of Contact Person)	at (<u>QDV</u>) <u>379</u> (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amour	nt made payable to the Florida De	partment of State:
\$35 Filing Fee \$Certificate of Status	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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301



February 9, 2009

JOHN W. WATKINS 1186 HICKORY COVE JACKSONVILLE, FL 32221

SUBJECT: PIPING ENTERPRISES INC

Ref. Number: P06000019482

We have received your document for PIPING ENTERPRISES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000049737.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 109A00004531

Carol Mustain Regulatory Specialist II

Division of Compactions D.O. DOV 6997 Wellshopper Florida 99914

Articles of Amendment to Articles of Incorporation of

agiqi'Y	ofa3 c	it i sociali	26	
(Name of Corporation as curi	rently filed with t	he Florida Dept. of St	ate)	
DNV F	mian	48		
(Document Nu	mber of Corporati	on (if known)	NAME AND THE TRANSPORT OF THE TRANSPORT	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		es, this <i>Florida Profit</i>	! Corporation adopts the	
A. If amending name, enter the new name o	of the corporation	1:		
2 Court	cherson	sat the		
The new name must be distinguishable of the incorporated or the abbreviation "Corp.," (Co". A professional corporation nan association," or the abbreviation "P.A."	" "Inc.," or Co.	" or the designation	"Corp," "Inc," or	
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		 	<u> </u>	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			SEC.	
		· · · · · · · · · · · · · · · · · · ·	FILE EB 24 AHASSE	
D. If amending the registered agent and/or			nter the name of the)
new registered agent and/or the new reg	istered office add	<u>lress:</u>	ATE 43	
Name of New Registered Agent:		<u> </u>	— , pigo	
New Registered Office Address:	(Flori	da street address)	_	
			, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if chang hereby accept the appointment as registered position.			ept the obligations of the	
	Signature of New	Registered Agent, if ch	anging	

. 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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
٧ .٦	P. Borbara J. Watkin	2 1186 Hickory	Add Remove
			Add Remove
			Add Remove
	f amending or adding additional Articles, entententent additional sheets, if necessary). (Be spec		
	If an amendment provides for an exchange, re provisions for implementing the amendment is (if not applicable, indicate N/A)		
			, ,
	 		

The date of each amendme	ent(s) adoption: Feb 1, 2009
Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s	s) (CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s)/were sufficient for approval.
	were approved by the shareholders through voting groups. The following statemen ided for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	99
	(voting group)
action was not required.	
The amendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	Tab, 1, 3009
Signature	
S	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)
	John W. Watkins
	(Typed or printed name of person signing)
	Fresison
	(Title of person signing)