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C. LEWIS JUL 24 2014

## COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Service Plumbing INC.				
DOCUMENT NUMBER: <u>PD 7 0000 58 002</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Cristen Dutelle				
Service Plumbing 2.7.  Firm/Company  Address				
303 SE 174 St. #309-10]				
OCA/A PL, 3447) City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CRIS Durelle at 352, 369-8739				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section  Street Address Amendment Section				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

Articles of Incorporation of

Spt.M.	TILLE JARY OF STATE OF CORPORATIONS
#742101v	OF COM Serve

Service	Plumbing The	ζ ,	14 JUL -7	AH 10: 39
(Name of Co	orporation as currently filed with the F	Clorida Dept. of State)		-
	PO 10000	58002		_
	(Document Number of Corporation (	if known)		
Pursuant to the provisions c its Articles of Incorporation	of section 607.1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following	g amendment(s) to
A. If amending name, ent	er the new name of the corporation:	4/W		The
"Corp.," "Inc.," or Co.,"	able and contain the word "corporation or the designation "Corp," "Inc," or sional association," or the abbreviation	"Co". A professional corpora		
	ffice address, if applicable: IUST BE A STREET ADDRESS	- WA	1	-
C. Enter new mailing ad- (Mailing address <u>MAY</u>	dress, if applicable: BE A POST OFFICE BOX)	- W.	A	-
	ered agent and/or registered office add ind/or the new registered office address sistered Agent		ne of the	-
ojen segi	W	reet address)		
<u>New Registered Of</u>	fice Address:(City)	, Florida	(Zip Code)	-
	ignature, if changing Registered Agent ment as registered agent. I am familiar	with and accept the obligations	s of the position.	
	Signature of New Registered.	Agent, ij 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)

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> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
_X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Director	James J. DuTelle	2280 NW 48 FRAA OCA/A.
Add Remove	V		OCAIA. Fl. 34482
2) Change			
Remove 3) Change			
Add Remove			
4) Change			
Remove			
5) Change	<del></del>		
Remove			
6) Change			
Remove			

ach <i>additional sh</i>	heets, if necessary).	(Be specific)			
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n amandment n	rovides for an exch	anga raalassifia	ation or annealla	tion of issued she	. Was
rovisions for imp	olementing the ame	ndment if not co	ntained in the am	endment itself:	
(if not applicat	ble, indicate N/A)				
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The date of each amendment(s) adoption:	FILEU SECRI JARY OF STATE	, if other than the
date this document was signed.	DIVISION OF CORPORATIONS	
Effective date if applicable:	14 JUL -7 AMIN: 39	
	more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK	<u>ONE</u> )	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	nolders. The number of votes cast for the amendment(s) ral.	
The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement o entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment	•	
by(voting gr		
(voting gr	roup)	
action was not required.	of directors without shareholder action and shareholder	
action was not required.		
Dated 7-3-14 Signature		
	or other officer - if directors or officers have not been	
	tor if in the hands of a receiver, trustee, or other court	
appointed fiduciary by the	en Dutelle	
	(Typed or printed name of person signing)	
	res.	
	(Title of person signing)	