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FEB 1 8 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CJ BLAKE PLUM	BING INC	
DOCUMENT NUMBER: P070			
The enclosed Articles of Amenda		bmitted for filing.	
Please return all correspondence of	concerning this ma	tter to the following:	
Stephen Bl	ake		
		Name of Contact Person	1
CJ BLAKI	E PLUMBING INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
7810 Jaffa	Dr		
		Address	
Orlando, F	L 3 283 5		
		City/ State and Zip Code	
info@cjblakeplu	mbing.com		
	_	sed for future annual report	notification)
		-	
For further information concerning	g this matter, pleas	se call:	
Stacey Blake		at (298-4206
Name of Contact l	Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Florida Depa	artment of State:
	.75 Filing Fee & tificate 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FI	ction porations	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CJ BLAKE PLUMBING INC			
(Name of Corporation as c	urrently filed with the Florid	a Dept. of State)	
P07000124780			
(Document Nu	mber of Corporation (if knowr	ı)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corpord</i>	ation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporat	don:		
CJ BLAKE INC			The new
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	," or "Co". A professional o		abbreviation
B. Enter new principal office address, if applicable:			~
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
			## F
C. Enter new mailing address, if applicable:			ma Mo
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			워크 🙃
	<u> </u>		0 59
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent	ce address in Florida, enter t address:	he name of the	
		·.	_
(Fle	orida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zij	p Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obl	igations of the position	ı.
Sionature	f New Registered Agent, if cha	noino	_

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	VP	Stacey Blake	7810 Jaffa Dr		
X Add			Orlando FL 32835		
Remove					
2)Change					
Add					
Remove					
3) Change					
Add					
Remove					
4)Change					
Add					
Remove					
5)Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	- 4
	· · · · · · · · · · · · · · · · · · ·

2/10/2016 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
2/10/2016	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wil document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
2/10/2016 Dated	
Signature /	
(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)	
Stephen Blake	
(Typed or printed name of person signing)	
President	
(Title of person signing)	