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☐ PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Amendment, Section, Division of Corporations

Tallahassee, FL 32314

Ų,

NAME OF CORPORATION:	ACE FLOOD & INSPECTIONS, INC.
DOCUMENT NUMBER:	P08000022563
The enclosed Articles of Amenda	nent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	NIKOS THEODOROPOULOS (Name of Contact Person)
	CE FLOOD & INSPECTIONS, INC. (Firm/ Company)
	2832 STIRLING RD, SUITE J (Address)
	HOLLYWOOD, FL 33020 (City/ State and Zip Code)
For further information concerning	g this matter, please call:
NIKOS THEODOROP (Name of Contact Pers	
Enclosed is a check for the follow	ving amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	ing Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED

2008 OCT -6 PM 1:48

ACE FLOOD & INSPECTIONS, INC.

SECRETARY OF STATE TALLAHASSES, FLORIDA

	08000022563	
(Document Nu	imber of Corporation (if known)	
tursuant to the provisions of section 607.10 ollowing amendment(s) to its Articles of Inco		ofit Corporation adopts th
. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable 'incorporated' or the abbreviation "Corp., 'Co". A professional corporation nates sociation, " or the abbreviation "P.A."	" "Inc.," or Co.," or the designation	on "Corp," "Inc," or
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	le: FICE BOX)	
o. If amending the registered agent and/or new registered agent and/or the new registered agent agen		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if change hereby accept the appointment as register osition.		
	Signature of New Registered Agent, ij	Cchanging

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)

<u>Titl</u>	<u>le</u>	<u>Name</u>	Address	Type of Action
<u>V.P.</u>	<u>. </u>	TERRY LEE MACDEVITT	1142 SW GOODMAN AVE PORT SAINT LUCIE FLORIDA, 34953	☑ Add ☐ Remove
****	<u>_</u>			Add Remove
				☐ Add ☐ Remove
		g or adding additional Articles, enter chional sheets, if necessary). (Be specific		
 F.		dment provides for an exchange, reclas		
	(if not a	applicable, indicate N/A)		
_				

The date of each amendment(s)	adoption: 10/01/2008
. Effective date <u>if applicable</u> :	10/01/2008
(n	10/01/2008 to more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	,,,
(ve	oting group)
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	10/01/2008 M My
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
_	NIKOS THEODOROPOULOS
	(Typed or printed name of person signing)
_	VICE PRESIDENT
	(Title of person signing)