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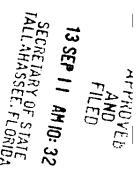
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COVER LETTER

TO: Amendment Section Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: IDI imber 68@amil.com
Idress: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

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

(Additional copy is

enclosed)

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

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

	Articles of Incorporati	ion	
St. Lucie Remoo	leling & Plur	bing, Inc	
P 100000 46096)	rept. of Stage)	
(Document Numb	er of Corporation (if known))	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this <i>Florida</i> a	Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co". A		
B. Enter new principal office address, if applie		NA	
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)		13 SEC SALL
			SET AREI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>	NIA	AN IO: 32 AN OF STATE ASSEE, FLORID
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.		lorida, enter the name of the	Þ
Name of New Registered Agent	NA		
	(Florida street addre	ss)	
New Registered Office Address:	(C't-)	, Florida	
	(City)	(Zip Code	9
Nam Danistaned Agantle Signature of sharping	- Decisional Assess	•	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with and	accept the obligations of the posit	ion.
	NIA		
Signature	of New Registered Agent, if	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>	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	$\overline{\mathcal{D}}$	<u>michael S Johnson</u>	6505 Ocala Ave Joet Pierce, 31 34951			
Add			JOR Pierce, 31 34951			
X Remove						
2) Change	<u>D</u>	Jason M Phillips	5415 NW Clark Ave			
_X Add			PoriSt. Lucie, F134983			
Remove			· · · · · · · · · · · · · · · · · · ·			
3) Change		 				
Add						
Remove						
4) Change						
Add		• •	***************************************			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

	if necessary).	(Be specific)	ige(s) here:		
		NIA			
					
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f an amendment provid	les for an exch	iange, reclassifi	cation, or cance	llation of issued s	hares,
<u>provisions for impleme</u>	nting the ame	nange, reclassifi ndment if not co	cation, or cance ontained in the s	llation of issued s amendment itself	<u>hares,</u> :
f ап amendment provid provisions for impleme (if not applicable, in	nting the ame ndicate N/A)	endment if not co	cation, or cance ontained in the a	llation of issued s amendment itself	<u>hares,</u> <u>:</u>
<u>provisions for impleme</u>	nting the ame ndicate N/A)	nange, reclassificadment if not co	cation, or cance ontained in the s	llation of issued s nmendment itself	hares,
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f an amendment provid provisions for impleme (if not applicable, in	nting the ame	endment if not co	cation, or cance ontained in the a	llation of issued samendment itself	hares,

The date of each amendment(s) adoption: HUGUST WO, WO! S date this document was signed.	_, if other than the
0 0001 00 000	
Effective date if applicable: +\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Adoption of Amendment(s) (CHECK ONE)	
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)	
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.	
Dated 9-5-13	
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)	
Brittany Johnson (Typed or printed name of person signing)	
Secretory (Title of person signing)	_
(Title of person signing)	