

P/0000046092

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*Amend*  
*4/8/14*  
*DC*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: St. Lucie Remodeling & Plumbing Inc  
DOCUMENT NUMBER: P10000046092

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernest T. Johnson  
Name of Contact Person  
St. Lucie Remodeling & Plumbing  
Firm/ Company  
5309 Sunset Blvd  
Address  
Fort Pierce FL 34982  
City/ State and Zip Code  
tjplumber68@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Johnson at (772) 579-2550  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

St. Lucie Remodeling & Plumbing, Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

P 100000 46092  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

N/A

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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TALLAHASSEE, FL  
FLORENCE

**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                      PT      John Doe

X Remove                     V        Mike Jones

X Add                         SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |          |                             |                                     |
|---|----------|-----------------------------|-------------------------------------|
| 1) <input type="checkbox"/> Change      | <u>D</u> | <u>Anthony Wayne McGill</u> | <u>1436 25<sup>th</sup> Ave S.W</u> |
| <input checked="" type="checkbox"/> Add |          |                             | <u>Vero Beach, FL 32962</u>         |
| <input type="checkbox"/> Remove         |          |                             |                                     |
| 2) <input type="checkbox"/> Change      |          |                             |                                     |
| <input type="checkbox"/> Add            |          |                             |                                     |
| <input type="checkbox"/> Remove         |          |                             |                                     |
| 3) <input type="checkbox"/> Change      |          |                             |                                     |
| <input type="checkbox"/> Add            |          |                             |                                     |
| <input type="checkbox"/> Remove         |          |                             |                                     |
| 4) <input type="checkbox"/> Change      |          |                             |                                     |
| <input type="checkbox"/> Add            |          |                             |                                     |
| <input type="checkbox"/> Remove         |          |                             |                                     |
| 5) <input type="checkbox"/> Change      |          |                             |                                     |
| <input type="checkbox"/> Add            |          |                             |                                     |
| <input type="checkbox"/> Remove         |          |                             |                                     |
| 6) <input type="checkbox"/> Change      |          |                             |                                     |
| <input type="checkbox"/> Add            |          |                             |                                     |
| <input type="checkbox"/> Remove         |          |                             |                                     |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 3.26.14, if other than the date this document was signed.

Effective date if applicable: 3.26.14  
(no more than 90 days after amendment file date)

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 3.26.14

Signature Brittany Johnson  
(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)

Secretary  
(Title of person signing)