

P10 000053984

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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REC-5/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2012

O'NEIL GRAHAM  
18871 NW 22 STREET  
PEMBROKE PINES, FL 33029

SUBJECT: ONEIL'S SPRINKLER & LAWN RESCUE INC.  
Ref. Number: P10000053984

We have received your document for ONEIL'S SPRINKLER & LAWN RESCUE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 712A00012818

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: O'NEIL SPRINKLER & LAWN RESCUE INC

DOCUMENT NUMBER: 9100000 53984

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

Please return all correspondence concerning this matter to the following:

O'NEIL GRAHAM

Name of Contact Person

Firm/ Company

18871 N.W. 22 STREET

Address

PEMBROKE PINES, FLORIDA 33029

City/ State and Zip Code

O'NEIL GRAHAM@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

O'NEIL GRAHAM

Name of Contact Person

at ( 786 ) 554-0687

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate 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 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

RECEIVED  
12 MAY -8 AM 9:21  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

O'NEIL'S SPRINKLER & LAWN RESCUE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000053984

(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:

MOBILE IRRIGATION REPAIR INC

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)

18871 N.W. 22 St  
Pembroke Pines, FL  
33029

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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12 MAY 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
2) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
3) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
4) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
5) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____
6) <u>Change</u> <u>Add</u> <u>Remove</u>	_____	_____	_____ _____ _____

[illegible]

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The date of each amendment(s) adoption: 5/5/2012

Effective date if applicable: \_\_\_\_\_  
(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 5/5/2012

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)

ONEIL GRAHAM

(Typed or printed name of person signing)

President

(Title of person signing)