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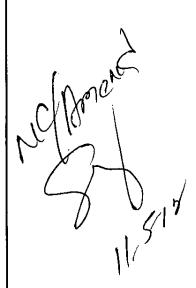
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Special Instructions to	Filing Officer:	
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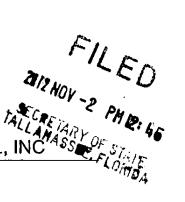


COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEAWAY PLUM	MBING INDUSTRIAL A	ND COMMERCIAL, INC
DOCUMENT NUMBER: P1100006224	.9	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
JASON CATARIN	NEAU	
	Name of Contact Person	1
CATARINEAU AI	ND CATARINEA	NU, LLC
	Firm/ Company	
91750 OVERSEA	AS HIGHWAY	
	Address	
TAVERNIER, FL	33070	
	City/ State and Zip Cod	e
JASON@TAXCATC	PA.COM	
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
JASON CATARINEAU	at (305	852-4833
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	rtment of State:
\$35 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment Articles of Incorporation



SEAWAY PLUMBING INDUSTRIAL AND COMMERCIAL

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

P11000062249	P1	ንበበበ6:	2249
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(Document Number of Corporation (if known)

ndment(s) to

SEAWAY DIVERSIFIED PLU	MBING, INC	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," o	Corp," "Inc," or "Co". A professional cor	
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
Ye = 1, 1 = 1 1 1 1 1 1 1 1 1	gistered office address in Florida, enter the	name of the
new registered agent and/or the new register	ered office address:	
new registered agent and/or the new registe	ered office address:	
new registered agent and/or the new registe		
new registered agent and/or the new registe	(Florida street address) , Flo	
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	ida (Xip Code)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address) , Florida (City) Registered Agent:	(Lip Code)

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.

X Change	PT Joh	n Doe	
X Remove	<u>У</u> Мі	xe Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u> Title</u>	Name	<u>Addres</u> s
1) Change	P	SHAWN BUCK	10 BARRACUDA LANE
Add			KEY LARGO, FL 33070
X Remove			
2) Change	P	KARISTAN M BUCK	10 BARRACUDA LANE
X Add			KEY LARGO, FL 33070
Remove			
3) Change			-14
Add			W. C.
Remove			
4) Change			**************************************
Add			***************************************
Remove			
5) Change			
Remove			,
Channel Channel			
6) Change			
Add			
Remove			

L. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
• If an amendment provides for an exchiprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an angel in the amendment itself:
	

The date of each amendment(s) a	doption: 10/31/12
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adeaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated_10/31/	12
(By alc selecte	director, president or other officer – if directors or officers have not been and, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	KARISTAN M BUCK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)