P12000075439

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JUL 23 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Ireland Plumbing Solutions INC
DOCUMENT NUMBER: P12000075439
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John Michael 1220 Name of Contact Person Quicklease HRS, INC Firm/ Company 773 S. Indiana Ave. Suite A Address Englewood, Fl 34223 City/ State and Zip Code
E-mail address: (to be used for future annual seport notification)
For further information concerning this matter, please call:
John Michael 1220 at (941) 473 - 2702 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:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Ireland Plumbing Solution	IS INC
(Name of Corporation as currently	filed with the Florida Dept. of State)
P12000075439	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered." "professional association," or the abbreviation "P.	" "company," or "incorporated" or the abbreviation o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
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	N/A Sin Florida, enter the name of the
new registered agent and/or the new registered office address:	STATE OF THE THE NAME OF THE
Name of New Registered Agent NA	
(Florida stree	t address)
New Registered Office Address: NY	Florida
THE REGISTERED OFFICE AUDIESS.	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with NA Signature of New Registered Agent.	th and accept the obligations of the position. In this paper, is a second or second o
Signature of New Reg	usierea Ageni, ij 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>	<u>Name</u>	<u>Addres</u> s
1) Change	I	Elizabeth Meiser	5838 SW CR 760
<u>√</u> Add			Arcadia Fl 34266
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>addi</i>	ng or adding additional Articles, enter change(s) here: litional sheets, if necessary). (Be specific)	
N	IA .	
	H	
provisions	edment provides for an exchange, reclassification, or cancellation of issued share is for implementing the amendment if not contained in the amendment itself: a applicable, indicate N/A)	<u>s.</u>
1 		

The date of each amendment(s) adoption: N A date this document was signed.	_, if other than the
Effective date if applicable: 7 0 9 (no more than 90 days after amendment file date)	<u>_</u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
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_7 10 19	
Signature	
(By a director, president or other officer - if directors or officers have not been	w
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Cody J. Melser (Typed or printed name of person signing)	
(Pyped or printed name of person signing)	
President	
(Title of person signing)	