## P12000087918

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13 JUL 17 AM 10: 55
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

C. LEWIS
JUL 1 9 2013
EXAMINER

## **COVER LETTER**

TO: Amendment Section

Division of Corporations						
NAME OF CORPORATION: Genesis Plumbing Corp						
DOCUMENT NUMBER: P 12000087918						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Greg B Cherrington Name of Coulact Person						
Genesis Plumbing Corporation						
3736 12th st West						
Lehigh Acres FL 33971 City/ State and Zip Code						
3 bc hollywoods yahoo, Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Grea Cherrington at (239) 322-8180  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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)						
Mailing Address Street Address						
Amendment Section Amendment Section  Division of Corporations Division of Corporations						
P.O. Box 6327 Cliffon Building						

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment Articles of Incorporation**

FILED

13 JUL 17 AM 10:55 filed with the Florida Dept. of State) (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:  GENESIS PLUMBING	_
name must be distinguishable and contain the word "corpora" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation name must contain the n "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	3736 12TH STREET WEST LEHIGH ACRES FL 33971
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3736 12TH STREET WEST LEHIGH ACKES, FL 33971
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:(Co	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Registere	ed 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 Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>nes</u>		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
l) Change		_			
Add					<del>-</del>
Remove					· · · · · · · · · · · · · · · · · · ·
2) Change		<del></del>			
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6) Change					
Add					
Remove					

(Attach ad	lditional shee	g additional Art ts, if necessary).	(Be specific)				
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If an ame	endment prov	vides for an excl	ange, reclassif	ication, or can	cellation of iss	ued shares,	
provisio (if n	ns for impler ot applicable.	menting the ame , indicate N/A)	ndment if not o	ontained in th	<u>ie amendment</u>	<u>itself:</u>	
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The date of each amendment(s) adop date this document was signed.	<i>/ - / - / - /</i>	15,2013	13 JUL 17 SECRETARY	ED ther than the
Effective date <u>if applicable</u> :	•		SECPE	AM 10: 55
	(no more thai	n 90 days after amendment fi	Te date LAHASSEE.	STATE FLORIDA
Adoption of Amendment(s)	(CHECK ONE)			-7
The amendment(s) was/were adopte by the shareholders was/were suffic		The number of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for	the amendment(s) was/v	vere sufficient for approval		
by Pres and Vice	e Pres (voting group)			
☐ The amendment(s) was/were adopte action was not required.	d by the board of directo	ors without shareholder actio	n and shareholder	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators w	rithout shareholder action and	d shareholder	
selected, b		fficer of directors or officer the hands of a receiver, trust		
	Greg B C	Checkington or printed name of person sign	ning)	_
	Presiden	Title of person signing)		