Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H140000021073)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

Frem:

: CONTRACTORS REPORTING SERVICES, INC. Account Name

Account Number : I20050000099 Phone

: (813)932-5244

Fax Number

: (813)932-3782

**Enter the email address for this business entity to be used took annual report mailings. Enter only one email address pleas≰ Email Address:

> COR AMND/RESTATE/CORRECT OR O/D RESIGN CASTRO PLUMBING, INC

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Corporate Filing Menu

Help

From: Diman Albano

Fax: 813-445-7083

To:

Fax: +1 (850) 617-6380

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COVER LETTER

(((H140000021073)))

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	CASTRO PLUMBING, INC
DOCUMENT NU	MBER:	P13000042869
The enclosed Artic	eles of Amendment and fee a	re submitted for filing.
Please return all co	or espondence concerning thi	s matter to the following:
		ROMAN ALBANO
	N	ame of Contact Person
	CONTRACTORS	REPORTING SERVICE, INC
		Firm/ Company
	1379	5 N Nebraska Ave
		Address
	Ta	ampa, FL 33613
	Ci	ity/ State and Zip Code
	E mail address (to be yes	d for future annual report notification)
	E-mait audiess. (to be used	d for thrule annual report hourieation)
Tau Gauthau in Fanns		where calls
ror turiner informa	ation concerning this matter,	
R	OMAN ALBANO	atat
Name	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check	t for the following amount m	nade payable to the Florida Department of State:
Efficiosed is a check	k for the following amount in	lade payable to the Piorida Department of State.
¥\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclose
Mailing A	ddress	Street Address
	Amendment Section Amendment Section	
Division of	f Corporations	Division of Corporations
P.O. Box 6		Clifton Building
Tallahassee	e, FL 32314	2661 Executive Center Circle
		Tallahassee, FL 32301

Coman Albano	Fax: 813-445-7083	To:	Fax: +1 (850) 617-6380	Page 3 of 5 01/03/2014 3:39
•		Articles of A	Amendment	(((H1400002107
•		to	-	FILED
		Articles of In	=	2 8M 9:5
		0	I	2014 JAN -3 AM 9: 5
		CASTRO PLU	MBING, INC	S OF SIAN
	(<u>Name of</u>	Corporation as currently	filed with the Florid	la Dent. of State) HASSEE, FLORI
		P13000	042869	9
		(Document Number of	of Corporation (if kno	own)
amendment(s) to its Articles of Inc		·	crofit Corporation adopts the follow
A. Hamene	me name, enter the		. <u> </u>	
	1 - 12-42 1 7 7	R M CASTRO PLUMB		The new any," or "incorporated" or the
B. Enter ne	ew principal office ad	-tered," "professional asso dress, if applicable: BE A STREET ADDRESS		reviation P.A.
	ew mailing address, i g address <u>M.4 Y BE A</u>	if applicable: <u>POST OFFICE BOX</u>)		
new regi	istered agent and/or	gent and/or registered offi the new registered office a		a, enter the name of the
new regi		the new registered office a		a, enter the name of the
new regi	istered agent and/or	the new registered office a		a, enter the name of the
new regi	istered agent and/or the of New Registered A	the new registered office a	address: orida street address)	, Florida
new regi	istered agent and/or the of New Registered A	the new registered office a	address: orida street address)	

Signature of New Registered Agent, if changing

I CENTOYCU 2	<u>ind title, name, and address of e</u>	ach Officer and/or Director being added:	
(Attach ad	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
<u></u>			_ Add
			Remove
			_ Add
			Remove
			☐ Add
_			□ Remove
			Add
		-	_ ☐ Remove
			_ Add
			_ □ Remove
			_
			— □ Remove
	nding or adding additional Artic additional sheets, if necessary).		
	additional sheets, if necessary).		
	additional sheets, if necessary).	(Be specific)	
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F. If an a	additional sheets, if necessary).	(Be specific)	nares,
F. If an a	additional sheets, if necessary). Imendment provides for an exch	ange, reclassification, or cancellation of issued sl	nares,
F. If an a	additional sheets, if necessary). Imendment provides for an exch	ange, reclassification, or cancellation of issued sl	nares,

Fax: +1 (850) 617-6380 Page 5 of 5 01/03/2014 3:39 14000002107 The date of each amendment(s) adoption: 01/03/2014
• (date of adoption is required)
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 01/03/2014
(By a director, president of 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)
RICHARD M CASTRO
(Typed or printed name of person signing)
PRESIDENT/SEC
(Title of person signing)