Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		포크	53
	Division of Corporations Fax Number : (850) 617-6380	38	0
From:		17 E.A	===
	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062	بهنه يس	
	Phone : (323) 962-8600	(∴ 	.5.
	Fax Number : (323) 962-3889	世里	55
*Enter the annual	email address for this business entity to be used for report mailings. Enter only one email address please.	futúre	1 !
Email	Address:		

COR AMND/RESTATE/CORRECT OR O/D RESIGN EXPERT PLUMBING SOLUTIONS INC.

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December 4, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPERT PLUMBING SOLUTIONS INC. 3505 LAKE LYNDA DR STE. #200 ORLANDO, FL 32817US

SUBJECT: EXPERT PLUMBING SOLUTIONS INC.

REF: P13000095117

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Darlene Connell Regulatory Specialist II FAX Aud. #: H13000264164 Letter Number: 613A00027616

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VIS OF COMPONIONS

INC. ARESTER FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>Expert Plu</u>	mbing Solutions Inc.	
DOCUMENT NU	JMBER:	P13000095117	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		melda Vasquez	
	(Name	of Contact Person)	
		egalzoom.com, inc.	
	(FI	rm/Company)	
	100 W.	Broadway Suite 100	
		(Address)	
		ondale, CA 91210 State and Zip Code)	
For further inform	ation concerning this matter,	-	
	Imelda Vasquez	at (<u>323</u>) <u>962-86</u> 0	
(Nam	e of Contact Person)	(Area Code & Daytin	se Telephone Number)
Enclosed is a chec	k for the following amount n	nade payable to the Florida De	epartment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	
Amendme		Amendment Section	-
Division of Corporations		Division of Corporations Clifton Building	5
P.O. Box 6327 Taliahassee, FL 32314		2661 Executive Center Circle	
i anginessoc, FL 32314		Taliahassee, FL 32301	>train

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

(City)

(Zip 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)

<u>Title</u>	Name	Address	Type of Action
			Add Remove
	***		☐ Add☐ ☐ Remove
E. If amend (attach ad	ling or adding additional Articles, endeditional sheets, if necessary). (Be specified to the specified of th	ter change(s) here:	
provisio	nendment provides for an exchange, pons for implementing the amendment tot applicable, indicate N/A)	reclassification, or cancell if not contained in the an	ation of issued shares, nendment itself:

President

(Title of person signing)