

PI4 000054935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

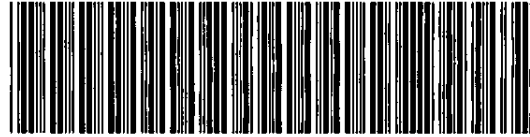
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.M.
8-28-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALL 4 ONE PLUMBING INC.

Name of Corporation

DOCUMENT NUMBER: P14000054935

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY VAZQUEZ

Name of Contact Person

ALL 4 ONE PLUMBING INC.

Firm/Company

10795 NW 53RD STREET #201

Address

SUNRISE, FL 33327

City/State and Zip Code

AMY@A41S.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY VAZQUEZ

Name of Contact Person

at (954) 990-7666

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2014

AMY VAZQUEZ
ALL 4 ONE PLUMBING INC.
10795 NW 53RD STREET #201
SUNRISE, FL 33327

SUBJECT: ALL 4 ONE PLUMBING INC.
Ref. Number: P14000054935

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALL 4 ONE PLUMBING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the registered agent must be the current name on file.

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) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 914A00017140

August 19, 2014

Cheryl R McNair

Regulatory Specialist

SUBJECT: All 4 One Plumbing Inc.

Ref. Number: P14000054935

RE: Letter Number 914A00017140

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TALLAHASSEE, FLORIDA

Cheryl,

I have enclosed the original document that I sent in to you. My goal is to REMOVE John Lane Hanley as 'officer' and ADD Luis Alberto Sosa Jr as 'officer'.

I believe I have filled out the correct form and included it in this package.

Kindly let me know if there is anything that I need to do, or am missing, as it is time sensitive that I get this change taken care of.

I did try to call the number on your letter, but I couldn't reach you as I would assume you are quite busy.

My contact info for reference is as follows:

Amy Vazquez

All 4 One Plumbing Inc.

10795 NW 53rd St. #201

Sunrise, FL 33351

954-990-7666

amy@a41s.com

Kind Regards,

Amy Vazquez

President

RECEIVED
14 AUG 25 PM 3:35
DEPARTMENT OF STATE
OFFICE OF THE SECRETARY
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

All 4 One Plumbing Inc.

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

P14000054935

(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:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change
☐ Add
☒ Remove

Officer John Lane Hanley

10795 NW 53rd Street
Unit 201
Sunrise, FL 33351

- 2) ☐ Change
☒ Add
☐ Remove

Officer Luis Alberto Sosa Jr.

847 SW 7th Plaza
Homestead, FL 33030

- 3) ☐ Change
☐ Add
☐ Remove

- 4) ☐ Change
☐ Add
☐ Remove

- 5) ☐ Change
☐ Add
☐ Remove

- 6) ☐ Change
☐ Add
☐ Remove

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E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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TALLAHASSEE FLORIDA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 08/19/14, if other than the date this document was signed.

Effective date if applicable: 08/19/14
(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 08/19/14

Signature _____

(By a director, president or 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)

Amy Vazquez

(Typed or printed name of person signing)

President

(Title of person signing)

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