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Division of Corporations

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WATERMEN PLUMBING, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Watermen Plumbing Inc. DOCUMENT NUMBER: P150000706309
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
Sheri Berchett H Name of Contact Person Sto K Folk + Von Pirm/ Company 1985 NE 29 Avenue Suite 1005 Address Address Aventua FL 33 180 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shen Benchetytt at (365) 935 4440 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

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

Articles of Amendment to Articles of Incorporation

Artic	cles of Incorporation
Name of Corporation as	Plumb 10, 1nc. i currently filed with the Florida Dept. distate)
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	porporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRES	Hollywood, FL 33020
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	office address in Florida, enter the name of the see address:
Name of New Registered Agent	
New Recistered Office Address:	(Florida street address)
• • • • • • • • • • • • • • • • • • •	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: a familiar with and accept the obligations of the position.
Signatur	e of New Registered 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>79</u>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	 -	 	
Add			······································
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			······································
Remove		·	
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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·	,		
If an amandment provides for an exchan	nge, reclassification, or cancellation of issued shares,		
provisions for implementing the amend	iment if not contained in the amendment itself:		
(if not applicable, indicate N/A)			
.,			
·			

The date of each amendment(s) adoptidate this document was signed.	OD:	if other than th
Effective date if applicable:		
Enferte per D appurativ.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will next of State's records.	l not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the abareholders was/were sufficient	by the shareholders. The number of votes east for the amendment(s) ant for approval.	•
	d by the shareholders through voting groups. The following statement voting group entitled to rote suparately on the amendment(s):	
"The number of votes cast for the	no amendment(s) was/were sufficient for approval	
by :		₹
	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
	by the incorporators without shareholder action and shareholder	٠
action was not required.		
Dated Nov 23	12015	
Signature		,
(By a director selected, by	ir, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
Yos	(Typed or printed name of person signing)	
· · · · · · · · · · · · · · · · · · ·	(Typed or printed name of person signing)	,
•	SIDENT	
	(Title of person signing)	