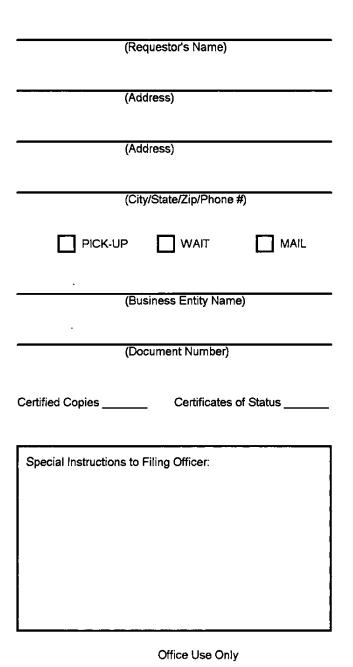
## P15000079125





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SECRETARY OF STATE
DIVISION OF CORPORATION

AUG 2 3 2016

C LEWIS

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	AATION: County Plumbing	Services, Inc.	
DOCUMENT NUME	P15000070125		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Enrica Bywaters		
•		Name of Contact Person	1 .
	County Plumbing Services, I	nc.	
,		Firm/ Company	
	2125 19th Street		
		Address	
•	Sarasota, FL 34234		
		City/ State and Zip Cod	e
cpsino	:14@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Enrica Bywaters		941 at (	376-1185
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPERATIONS

County Plumbing Services, Inc.

2016 AUG 12 PM 3: 57

(Name of Corporation as	currently filed with the Florida Dept. of State)
P15000079125	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new orporation," "company," or "incorporated" or the abbreviation nc," 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 ADDRESS)	<u>S</u> )
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	
Name of New Registered Agent	
	Florida street address)
·	·
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am f	
Signatura	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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Michael Jungquist	4101 Locust Ave.
Add x Remove			Sarasota, FL 34234
. 2) Change	P	John Rossler	2948 Regency Cove
x. Add			Sarasota, FL 34234
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)	-		
			<del></del>	
			<del></del>	· <del></del>
f an amendment provides for an exch	ange, reclassification, or idment if not contained i	cancellation of issue n the amendment its	d shares, elf:	
provisions for implementing the amei				
provisions for implementing the amer (if not applicable, indicate N/A)				
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provisions for implementing the amer (if not applicable, indicate N/A)				
provisions for implementing the amer (if not applicable, indicate N/A)				

The date of each amendment(s) adoption:		, if other than the
date this document was signed.		# II ÷ i i
Effective date <u>if applicable</u> :		SECRETARY OF STATE
(no	more than 90 days after amendment file date)	2816 AUG   2 PM 3: 57
Note: If the date inserted in this block does not medocument's effective date on the Department of State		this date will not be listed as the
Adoption of Amendment(s) (CHECK	(ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		lment(s)
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.		
"The number of votes cast for the amendment	nt(s) was/were sufficient for approval	
by	"	
(voting g	roup)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shar	eholder
The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and sharehold	der
- August 4, 2016 Dated		
Signature Quico /	Daters	
	or other officer – if directors or officers have not tor – if in the hands of a receiver, trustee, or othe nat fiduciary)	
Enrica Bywaters		
(Туре	d or printed name of person signing)	
Secretary/Treasu	rer	
	(Title of person signing)	