## P15000099995

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Puningan Entity Manna)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200374375532

10/04/21--01012--021 \*\*43.75

2021 OCT -4 AM 7: 48

A. Butler

## **COVER LETTER**

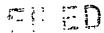
**TO:** Amendment Section Division of Corporations

filing.	<u> </u>					
filing.						
ollowing:						
Name of Contact Person						
Overseas Plumbing Inc						
ı/ Company						
Address						
te and Zip Cod	e					
e annual renort	notification)					
305	879-1080					
	de & Daytime Telephone Number					
he Florida Dep	artment of State:					
d Copy nat copy is	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
	Address					
Amendment Section						
Division of Corporations The Centre of Tallahassee						
	N. Monroe Street, Suite 810					
	Contact Person  Company  Address  Address  Address  Area Co  He Florida Dep  Filing Fee & ed Copy  Onal copy is ed)  Street  Ameno Divisio The C					

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

OVERSEAS PLUMBING INC



OVERSEAS FLOMBING INC			
( <u>Name of Corporati</u>	on as currently filed with the Florida	Dept. of State	AH 7: 48
P15000099995		2021 34	
(Docur	ment Number of Corporation (if known)		OF STATE
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	a Statutes, this Florida Profit Corporation	m adopts the follo	owing amendment
A. If amending name, enter the new name of the co	orporation:		
			Thenew
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corporation	ied" or the abbrev on name must co	riation "Corp" intain the word
3. Enter new principal office address, if applicable			
Principal office address <u>MUST BE A STREET ADI</u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
		4	
	· · · · · · · · · · · · · · · · · · ·		
D. If amending the registered agent and/or registe		name of the	
new registered agent and/or the new registered	office address:		
Name of New Registered Agent		<del></del>	
	(Florida street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)		(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accept the obliga-	tions of the positi	on.
Sign	ature of New Registered Agent, if changi	ing	
		-	
Check if applicable  The appendment of information 61ad appendix to a	607 0120 (11) (a) E S		
☐ The amendment(s) is/are being filed pursuant to s.	ουτλεί 20 (11) (ε), τ.δ.		

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>PT</u>	John Doe	
-			
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	BRENDA THOMPSON COCKREL	P.O. BOX 1323
Add			TAVERNIER, FL 33070
X Remove			34653 SW 187 PL
2) Change	D	KAREN RGEORGE	HOMESTEAD, FL 33034
Add			<del> </del>
X Remove 3.) Change			
Add			
Remove			<del>-</del>
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
<u></u>	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

	9/28/2021	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
	28/2021	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
■ The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	rt.
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
Frank Veltri	<u>,                                    </u>	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
9/28/202	21	
Dated Signature	MAD	
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Frank Veltri	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	