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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: Empire Plumbing of SWF1, Inc. DOCUMENT NUMBER: P1600037989
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Empire Plumbing of SWFI, Inc  Firm/ Company  1827 NW 215t Street  Address  Cape Coral F1. 33993  City/ State and Zip Code  HDFERRERAS @ GMAIL. COM.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tayonte M. Maxwell at (225) 266-7695  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

Mailing Address

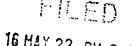
TO: Amendment Section

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



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

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

(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

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/M
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A

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	1000	110 0	1. Praxu	<u> </u>
	1827	NW	21st Str	eet
	(Flor	ida street address)		
New Registered Office Address:	Cape C	CTCI	, Florida_	33992
	•	(Citv)		(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

word "chartered," "professional association," or the abbreviation "P.A."

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Javon K. Maxwell
Signature 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>PT</u> .	John Doe		
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	P	Alfred	M terreto	
Add				1827 NW 21 Stree (gpe Coral F1. 3399)
2)Change	P	Tayonte	M. Maxu	Jell 1827 NW 21st Street
Remove				Cape Coral, F1.33993
3) Change	·			
Remove				
4) Change Add				<u> </u>
Remove				
5) Change Add			4 <del>4</del>	
Remove			,	
6) Change				
Add Remove				

amending or adding additional Ar tach additional sheets, if necessary).	(Be specific)	AL		
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an amendment provides for an exc	hange, reclassifica	tion, or cancellation	of issued shares.	
covisions for implementing the amount (if not applicable, indicate N/A)	endment if not con	tained in the amend	ment itself:	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N	. / A		
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The date of each amendment(s) adop	tion:	N/A		, if other than the
date this document was signed.	,	ĺ		,
Effective date if applicable:	,	N/A		
	(no more tha	n 90 days after amendme	nt file date)	
Note: If the date inserted in this block document's effective date on the Depart			equirements, this date will n	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/were adopted by the shareholders was/were suffic		The number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for	the amendment(s) was/	were sufficient for approv	val .	
by	AIM		."	
,	(voting group)			
☐ The amendment(s) was/were adopted action was not required.	d by the board of direct	ors without shareholder a	ction and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators v	vithout shareholder action	and shareholder	
Dated 05/17	7/16			
Signature	vonté /	nazwel	le	
		officer – if directors or officer – if directors or officer – if directors or officer is a second of the first of the firs		
· ·	fiduciary by that fiducia		rustee, or other court	
	<u> </u>	e M.Mo		
	(Typed or print	ed name of person signin	g)	
	Pre	esident		
	(Tit	tle of person signing)		