P18000047904

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: HALL AND SONS PLUMBING INC P18000047904 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARSHA SIHA Name of Contact Person INCFILE.COM LLC Firm/ Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/ State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARSHA SIHA Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filling Fee & S35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of





(<u>Name of Corpora</u>	ation as currently filed with	the Florida Dept. of State)	<u>``</u>
P18000047904			Z
(Doc	ument Number of Corporation	n (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Flor is Articles of Incorporation:	ida Statutes, this <i>Florida Prof</i>	fit Corporation adopts the fo	
A. If amending name, enter the new name of the	corporation:		
			The nev
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc," or "Co". A pro	ny," or "incorporated" or ofessional corporation name	the abbreviatio must contain th
B. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET AI</u>			
		,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>		
). If amending the registered agent and/or regis		da, enter the name of the	
new registered agent and/or the new registere	<u>ed office address:</u>		
Name of New Registered Agent			
	(Florida street address)		
	() to mid size (data (say		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	t. I am familiar with and acce	ept the obligations of the pos	sition.

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	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	JEREMY GRAVES	4442 THICKET RIDGE LANE
X Add			JACKSONVILLE, FL 32258
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
<u></u>	
•	
 .	
<u>If an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
	enament if not contained in the amenament itself:
provisions for implementing the ame	
provisions for implementing the ame (if not applicable, indicate N/A)	
provisions for implementing the ame	

The date of each amendment(s) adoption:		, if other than t
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doeddocument's effective date on the Department	es not meet the applicable statutory filing requirements, this dat t of State's records.	e will not be listed as t
Adoption of Amendment(s)	<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient t	the shareholders. The number of votes cast for the amendment(s for approval.)
	y the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	ru
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
hy	·	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
SEPTEMBER 24, Dated	2018	
Signature Gand	W) Hall 11	
(By a director.) selected, by an	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)	
GARY	W HALL II	
	(Typed or printed name of person signing)	
DIREC	TOR	
	(Title of person signing)	