## P20000 49884

(Re	equestor's Name)		
(Address)			
(Ād	ddress)		
(C	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(B	usiness Entity Name	е)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		





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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: AUTOMATIC FA	AUCET PRODUCTS, INC.	·		
DOCUMENT NUM	BER: P2000 000 49884				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	ALAN GORDON				
		Name of Contact Person	n		
	AUTOMATIC FAUCET PRODUCTS, INC.				
	Firm/ Company				
	PO BOX 15843				
	Address				
	ST PETERSBURG, FLORIDA 33733				
	City/ State and Zip Code				
	sales@automaticfaucetproducts.com				
	E-mail address: (to be us	sed for future annual report	notification)		
	on concerning this matter, pleas		1		
ALAN GORDON		at (	)		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status		
Am Div P.O	endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

AUTOMATIC FAUCET PRODUCTS, INC.

( <u>Name</u>	of Corporation as current	<u>ly filed with the Florid</u>	la Dept. of State)	
P2000 000 49884				<i>,</i> 43
-	(Document Number of	of Corporation (if knows	n)	ं क्रि
cursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpora	ation adopts the follow	wing amendment(s
. If amending name, enter the new n	ame of the corporation:			
				Thenew
ame must he distinguishable and contain Inc.," or Co.," or the designation "( chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corpora		
. Enter new principal office address,				
Principal office address <u>MUST BE A S</u>	TREET ADDRESS )			
				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 15843		
		ST PETERSBURG, FLORIDA 33733		
				· · · · · · · · · · · · · · · · · · ·
		-		<del> </del>
. If amending the registered agent as			the name of the	
new registered agent and/or the ne		<u>s:</u>		
Name of New Registered Agent	ALAN GORDON			
	860 BOCA CIEGA ISLE	DRIVE		<u>_</u>
	•	reet address)		
New Registered Office Address:	ST. PETE BEACH		, Florida	
		(City)	(2	(ip Code)
ew Registered Agent's Signature, if c	hanging Registered Agent	l:		
hereby accept the appointment as regis			igations of the positio	n.
	M. S			
	Signatura of New 1	Registered Agent, if chan	narimar	<del></del>
	Signature of tren I	азысты адет, у спап	181118	

## Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Joh</u>	un Doe		
X Remove	<u>V</u> <u>Mil</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addręs</u> s	
1) Change	P.D	STEVE GORDON	PO BOX 15843	
Add			ST PETERSBURG	
X Remove			FLORIDA 33733	
2) Change	P, D	ALAN GORDON	PO BOX 15843	
X Add			ST PETERSBURG	
Remove 3) Change			FLORIDA 33733	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del></del>	4761-7-77		
Add				<b></b>
Remove				
6) Change				
Add				
Remove				

The date of each amendment	s) adoption:	, if other than the
date this document was signed.	JULY 15, 2020	
Effective date if applicable:		ys after amendment file date)
	(m) more man 10 day	in the transfer that the trans
	his block does not meet the applicable e Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or boar	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	•	mber of votes cast for the amendment(s)
	approved by the shareholders through I for each voting group entitled to vote	voting groups. The following statement separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were su	ifficient for approval
byDIRECTORS O	F AUTOMATIC FAUCET PRODUC	rs inc.
	(voting group)	
JUL Dated	Y 15, 2020	
Signature	Olan In	
sel	a director, president or other officer – ected, by an incorporator – if in the happointed fiduciary by that fiduciary)	rif directors or officers have not been ands of a receiver, trustee, or other court
	ALAN GORDON	
	(Typed or printed nam	e of person signing)
	PRESIDENT	
	(Title of person signing	ਨੂੰ)