ion of Copporations 00000//40 Page 1 of 1 Florida Department of State **Division** of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H130000565243))) H130000585243ABC-Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 20mles To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : FASTKIT CORP Account Number : I2010000009 : (305)599-0839 Phone ; (303)592-9591 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN CITY SEWER CLEANERS, INC. Amend Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$35.00 MAR 1 2 2013 T. LEWIS Electronic Filing Menu Corporate Filing Menu Help

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	FILED
Articles of Amendment	2013 MAR AM 10= 0.1
Articles of Incorporation	SECRETARY OF STATE
all Saver leners lor	TALLAHASSEE, FLORIDA
(Name of Carporation as currentin Aled 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 fo its Articles of Incorporation:	lowing amendment(s) to
A. If amending asme, enter the new same of the corneration:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	
B. <u>Enter new principal office address. If applicable;</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicables	B-A-M-LIN-
(Maing address MATRE A POST OFFICE BOX)	
	<u></u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new remistered agent and/or the new consistered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida, Florida, Zip Cod	 ¢
<u>New Registered Agent's Signature, if chaoging Registered Agent:</u> Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the posi	tion
Signature of New Registered Agent, if changing	

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If amending the Officers and/or Directors, enter the title and same 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 = Trusten; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one atle, list the first letter of each officeheld. 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 Dog	
X Remove	¥	Mike Jones	,
<u>X</u> Add	<u>sv</u>	<u>Sally Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	\downarrow	_ DoniellePhillips_	10437 DN Dathe
Add			Davie, FL 33324
Remove		-	
2) Change	\mathcal{D}	Robert Andrei	104375W22Pbcc
X Add			CAVILY LINAT
Remove			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			
5) Change .			
Add			
Remove			·
6) Change			· .
Add			
Ramove			<u> </u>
		Pape 2 of 4	,

<u>f amending or adding additional Arti</u> Attach additional sheets, if nacessary).	(Be specific)
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	<u>, , , , , , , , , , , , , , , , , , , </u>
an amandan ant provided for an area	ange, reclassification, or cancellation of issued shares.
rovisions for implementing the smon	dment if not contained in the amendment itself:
(if not applicable, indicute N/A)	
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The date of each amendment(s) ad	option: <u>3/1//3</u>	
Effective date if applicable:	3/1//3 (no more than 90 days after amendment file dage)	
	(πο ποτε σωπ 90 αυγς αποταπαπατι μαι αιταγ	
Adaption of Amendment(s)	(CHECK ONE)	

- The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the omenciment(s):

"The number of votes cast for the ancadment(s) was/were sufficient for approval

Ъy

(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated. Signaturo sa

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trusten, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing)

(Title of person signing)