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SECRETARY OF STATE DIVISION OF CORPORATION

AUG 2 2 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: TRULANO Chumbing Seeve Inc. Name of Corporation
DOCUMENT NUMBER: P940008357/
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
POSACIO L JENCANO Name of Contact Person
TERRAND Ching Service, From Firm Jompany
11444 CLEAR ONCE PLACE
BOCA CA/OW FL 33428 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (561) 477-3197 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
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

FILED SECRETARY OF STATE DIVISION OF CORPORATION

Articles of Incorporation

Terrano	Plumb	· . ⁄ / G	Service	2016 AUG 10	PH 2: 26
	orporation as currently:		···	<u> </u>	
	P94000	080	7571	_	
	(Document Number of C	Corporation ((if known)		
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	6, Florida Statutes, this <i>Fl</i>	lorida Profit	Corporation adopts the	following amendmen	ıt(s) to
A. If amending name, enter the new name	of the corporation:				
				The new	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co	o". A profe			
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>					
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF					
D. If amending the registered agent and/or		s in Florida	, enter the name of the		
new registered agent and/or the new reg	gistered office address:				
Name of New Registered Agent					
_	(Florida street	t address)			
New Registered Office Address:			, Florida		
	(C	lity)		(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		h and accep	t the obligations of the p	oosition.	
· 					
	Signature of New Reg	istered Ager	nt, 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	PT John	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	Kerri Terram	11444 Class Creek Plroc
_ Add			BOCA CATION
Remove			Flurich 33488
2) Change	P	Kerni Lee Evans	11444 Clare Creek Place
X Add			BOCA CATUS
Remove			Florida 33428
3) Change			
Add			
Remove			, -
A) (7)			
4) Change			
Add			.
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)	nge(s) here:		
NA			
			
			·
			
f an amendment provides for an exchange, reclassif	ication, or cancellatio	on of issued shares,	
provisions for implementing the amendment if not (if not applicable, indicate N/A)	ontained in the amen	idment itseif:	
NA			

The date of each amendment(s) adoption:	NA		_, if other than the
date this document was signed.		t lette	
Effective date <u>if applicable</u> :	NA	SECRETARY OF JIVISION OF CORF	ORALLS
(no	more than 90 days afte	er amendment file date) 16 AUG 10 PI	 4 2: 26
Note: If the date inserted in this block does not me			
document's effective date on the Department of State	e's records.	ory maig requirements, this date with t	for be fisted as the
Adoption of Amendment(s) (CHECK	KONE) MA		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of val.	f votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the sharmust be separately provided for each voting grounds.			
"The number of votes east for the amendment	nt(s) was/were sufficient	t for approval	
by		91 	
(voting g	roup) A//A		
☐ The amendment(s) was/were adopted by the board action was not required.	d of directors without sha	archolder action and shareholder	
☐ The amendment(s) was/were adopted by the incoraction was not required.	porators without shareho	older action and shareholder	
Dated 5/14/30, 20	1/6		
Signature			
	or other officer - if dire	ectors or officers have not been	_
		a receiver, trustee, or other court	
appointed fiduciary by the	hat liduciary)		
(x65)	ARD LIC	ERRAND	
(Type	ed or printed name of pe	rson signing)	
Real	To I Aca	T + TREASMER	
	(Title of cerson si		
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