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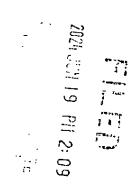
(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HOBE SOUND PL	LUMBING INC			
DOCUMENT NUM	BER: P95000026968		·		
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	CINDY BURNS				
	Name of Contact Person				
	CINDY BURNS ACCOUNTING LLC				
		Firm/ Company			
	9337 BELLEWOOD ST				
	Address				
	PALM BEACH GARDENS FL 33410				
		City/ State and Zip Code	<u></u>		
	CINDY@CINDYBURNSTAX.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas	se calt:			
CINDY BURNS		at (750-1381		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

	to Articles of Incorp of	poration	2024 (1) (ET) Pept. of State) (1/9 F/1 2:09
HOBE SOUND PLUMBING INC			2024 11 (2)
(Name of Corr	poration as currently fi	iled with the Florida D	ept. of State) 19 Fit
P95000026968			5: 00
(1	Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this Flo	orida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:		
			_The _new
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A p	npany," or "incorporate rofessional corporation	d" or the abbreviation "Corp.," in name must contain the word
B. Enter new principal office address, if appl (Principal office address <u>MUST BE A STREE</u>	<u>licable:</u> <u>T ADDRESS</u>)		
			· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	i or nov		
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>.E BOX</u>)		
	-	.	
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address:	s in Florida, enter the	name of the
Name of New Registered Agent			
	(Florida street	address)	
New Revistered Office Address:			Florida
	(C	ity)	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent:	h and accept the obliga	tions of the position.
		. υ	, .
	Signature of New Reg	istered Agent, if changii	ng

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>	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	V	ROBERT WESLEY BROWN	1126 SW GOODMAN AVE
X Add	-		PORT SAINT LUCIE FL 34953
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>	-			
if an amendment provides for an ex-	change, reclassifica	ition, or cancella	tion of issued sh	ares.	
provisions for implementing the am	change, reclassifica	ition, or cancella	tion of issued sh nendment itself:	nares.	
provisions for implementing the am	change, reclassifica tendment if not cor	ntion, or cancella ntained in the an	tion of issued sh nendment itself:	aares.	
If an amendment provides for an exc provisions for implementing the an (if not applicable, indicate N/A)	<u>change, reclassifics</u> <u>tendment if not co</u> i	ntion, or cancella	tion of issued sh nendment itself:	aares.	
provisions for implementing the am	change, reclassifics tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	aares,	
provisions for implementing the am	change, reclassifics tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics tendment if not con	ation, or cancella	tion of issued sh nendment itself:	nares,	
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provisions for implementing the am	change, reclassifica tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics tendment if not cor	ation, or cancella	tion of issued sh nendment itself:	nares,	
If an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassifics	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics tendment if not con	ation, or cancella	tion of issued sh nendment itself:	nares,	
provisions for implementing the am	change, reclassifics	ation, or cancella	tion of issued sh nendment itself:	nares,	

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06/13/2024	, if other than the
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
HOBE SOUND PLUMBING INC	
(voting group)	
Signature Object Obj	rt
PRESIDENT	
(Title of person signing)	