

P96 000045749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

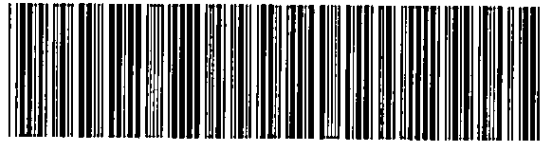
(Business Entity Name)

(Document Number)

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2021 SEP 28 AM 7:54

CLERK OF STATE
TALLAHASSEE, FL

A. Butler
9/22/21

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALLEN PLUMBING & BACKFLOW SERVICES INC

DOCUMENT NUMBER: P96000045749

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA DOWELL

Name of Contact Person

QUALITY TAX & ACCOUNTING SERVICES LLC

Firm/ Company

3113 S RIDGEWOOD AVE

Address

SOUTH DAYTONA, FL 32119

City/ State and Zip Code

PAULA.QFSINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA DOWELL

at (386) 761-7855

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

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DEPARTMENT OF STATE
TALLAHASSEE, FL

(Document Number of Corporation (if known))

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>KASI COX</u>	<u>1607 OLD DAYTONA RD</u>
<input type="checkbox"/> Add			<u>DELAND, FL 32724</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>MICHAEL JOHNSON</u>	<u>2983 FOXBOROUGH CR</u>
<input type="checkbox"/> Add			<u>DELTONA, FL 32738</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>AUSTIN L ALLEN</u>	<u>1600 BOYER AVE</u>
<input checked="" type="checkbox"/> Add			<u>DELEON SPRINGS, FL 32130</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>VP</u>	<u>CARTER D ALLEN</u>	<u>1600 BOYER AVE</u>
<input checked="" type="checkbox"/> Add			<u>DELEON SPRINGS, FL 32130</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

08/30/2021

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 08/30/2021 _____

Signature John C. Allen
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOHN C ALLEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)