## P96000045749

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08/14/23--01044--012 \*\*43.75

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: ALLEN PLUMBE	NG & BACKFLOW SERV	TICES INC.
DOCUMENT NUM	BER: P96000045749		-
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	David Strong		
		Name of Contact Person	1
	QUALITY TAX & ACCOUNT	NTING SERVICES LLC	
		Firm/ Company	
	3113 S RIDGEWOOD AVE  Address		
SOUTH DAYTONA FL 32119			
	e		
	DAVID.QFSINC@GMAIL.0	COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DAVID STRONG		at ( 386	761-7855
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	artment of State:
\$35 Filing Fee	Xi\$43.75 Filing Fee & Certificate of Status	S43.75 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 to Articles of Incorporation of

ALLEN PLUMBING & BACKFLOW SERVICES INC.

(Name of Corporation a	is currently filed with the F	Clarida Dent of State)
P96000045749	is currently thed with the r	torida Dept. of State)
	Number of Corporation (if I	known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	·	
A. If amending name, enter the new name of the corpo	oration:	
		<i>T</i> !
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	· "Co". A professional co	Thenew corporated" or the abbreviation "Corp.," orporation name must contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS</u> )	
	<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office.  Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
New Registered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent. I an	n familiar with and accept th	e obligations of the position.
Signature	e of New Registered Agent, i	f changing
·	,gg*/// ;	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.	0120 (11) (c), 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)

Example:

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.

X Change	<u>PT</u> <u>Jo</u>	ohn Doc	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	AUSTIN ALLEN	1600 BOYER AVE
Add			DELTONA FL 32738
X Remove			
2) Change			·
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) add	8-1-23	, if other than the
date this document was signed.		
	8-1-23	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without sharehold	ler action and shareholder
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amen icient for approval.	dment(s)
must he separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendments.	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	· ·	
	(voting group)	
Dated	-1-23	
Signature	ector, president or other officer - if directors or officers have no	11
selected.	by an incorporator – if in the hands of a receiver, trustee, or oth diductory by that fiductory)	r been her court
j	OHN ALLEN	
<del>-</del>	(Typed or printed name of person signing)	
P	RESIDENT	
	(Title of person signing)	