P9700006940

(Re	questor's Name)
(Ad	dress)
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(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SPORGE	S Flumbing of IAIIanassee, LNC.
DOCUMENT NUMBER: P9700	00006940
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
GEORGE E	ne of Contact Person
	bill of TAIIAhASSEE, INC.
	Address 1. 32303 1/ State and Zip Code
	tor future annual report notification)
GEOLGE E. PAINTEN	at (850) 545-8393
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$32.50 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(Document Nun	OOO 6 9 ober of Corporation			SECRETARY ALLAHASSE	E.FLOR
rsuant to the provisions of section 607.100	6, Florida`Statute	s, this <i>Florida</i>	Profit Corp	oration adopt	s the foll
endment(s) to its Articles of Incorporation:	•				
If amending name, enter the new name o	the corporation	<u>2</u>			
•		•			The new
ne must be distinguishable and contain previation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "pro	designation "Co.	rp," "Inc," ör "	'Co": A pr	incorporated ofessional cor	" or the
					•
Enter new principal office address, if apprincipal office address MUST BE A STREE					
mental office and ess MOST BE A STREE	TADDRESS.)				•
r			1.		
Enter new mailing address, if applicable		,	;		
(Mailing address MAY BE A POST OFFI	CE BOX)		the second		
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			d (<i>.</i> , •
If amending the registered agent and/or new registered agent and/or the new regis			da, enter th	e name of the	<u> </u>
Name of New Registered Agent:				, .	,
	•				
New Registered Office Address:	(Floria	la street address) . 14 ;		
			. 101	ا ماداده	
•	(City)		Zip Cod	orida <u>.</u> de)	

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)

<u>litle</u>	<u>Name</u>	•		Address			Tyr	e of Action
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If an amen	dment provides for implementing	r an exchar	ige, reclas	sification,	or cance	lation of	issued s	hares,
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The date of each amendment(s) adoption:	JUNE	14%	201	10	
Effective date if applicable:		tion is require	20/	10	
	90 days after ame	endment file de	ite)		•
	•		,		3
Adoption of Amendment(s) (CI	HECK ONE)	•	,	· ·	,
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. T approval.	he number of	votes cas	st for the amo	endment(
The amendment(s) was/were approved by the must be separately provided for each voting					
"The number of votes cast for the amer	ndment(s) was/we	ere sufficient f	or approv	val	
· by		, >>			. ,
(voting group)		:	,	et e	
The amendment(s) was/were adopted by the action was not required.	board of directo	ors without sha	reholder	action and s	hareholde
The amendment(s) was/were adopted by the action was not required.	e incorporators w	ithout shareho	lder actio	on and share	holder
Dated JUNE 14	2010	_ :	•		•
Signature	150	, ,			·
(By a director president of the control of the cont	rporator – if in th	e hands of a re			
GEOR	6E E.	PAIN	Ten	ì	
(Ту	ped or printed na	ame of person	signing)	•	
PRES	IDENT.		,		
(Title o	of person signing) '	;		