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R. WHITE

* COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: <u>ROTO - ROOTER</u> Firm/Company SEGRAUE Beach F1
City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & □ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Street Address**

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

A	Articles of Incorporation of	15	FEB 23	3 PM	3: 🔑
Pre INC					A STATE OF THE STA
(Name of Corporation as currently file	ed with the Florida Dept. o	of State)	KERNIK.	نطاطي أأثثا	<i>अस्तित</i> ,
P9700001	8938				
(Document Number of C	Corporation (if known)				anigated distribution of the desired
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	t Corpor	ation ado	pts the fo	ollowing amendment(s)
A. If amending name, enter the new name of the cor	poration:				
Pre INC Ro	TO ROOTER				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the a	! "corporation," "company " "Inc," or "Co". A profe		incorpora	ited" or	the abbreviation
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>			JA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	N A	+		
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		a, enter	the name	of the	
Name of New Registered Agent	NA				
	(Florida street address)				
New Registered Office Address:		. 1	Florida		
	(City)			(Zip Co	ode)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		ot the obl	igations o	of the pos	sition.
	NA				
Signature of Nev	v Registered Agent, if chang	ging			

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 Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	NA		
Type of Action (Check One)	<u>Title</u>		Name	ρ.		Address
1) Change		_				
Add						
Remove						
2) Change		_			_	
Add						
Remove						
3) Change		_			-	
Add					-	
Remove						
4) Change		-			-	
Add						
Remove						Professional Control Control
5) Change		_			-	- CONTRACTOR OF THE CONTRACTOR
Add					-	
Remove						· · · · · · · · · · · · · · · · · · ·
6) Change		<u>.</u>			_	
Add						
Remove						

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	0
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If an amondment neovides for an avab	ange, reclassification, or cancellation of i	sauad shawas
provisions for implementing the amer	ndment if not contained in the amendmen	ssucu snares, et itself:
(if not applicable, indicate N/A)		N BUSUALV
		NH
		10 11

The date of each amendment(s) adoption	ı: <u>P</u> #	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement oting 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)	
_/	(voting group)	
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder	
Dated FeB	18 2015	
Signature	Paul Elkons	
(By a director,	president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court	
	iciary by that fiduciary)	
	PAUL ELKIUS	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title.of person signing)	