P99000011591

(Re	equestor's Name)			
(Address)				
(Address)				
	,			
(0)	h (Chaha /7) a (Dhana	- 40		
(CI	ty/State/Zip/Phone	? #)		
PICK-UP	☐ WAIT	MAIL		
		•		
(Bu	isiness Entity Nan	ne)		
,		·,		
/D ₀	Normala N			
(DC	ocument Number)			
Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:			
opoolal mondodono to	Taning Cilicon.			
<u> </u>				

Office Use Only



600113139416

12/17/07--01026--012 **52.50

mil 1-25-cr

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:		(Name of Co	orporation)	low Specialists, Inc.
DOCUMENT N	UMBER: P9900	0011591		
The enclosed Sta	atement of Change	of Registered Office	/Agent and fee ar	re submitted for filing.
Please return all	correspondence cor	ncerning this matter	to the following:	
	Colin McCaule	y / Executive VP		
		(Name of Cor	itact Person)	
	American Allst	ate Backflow Spe		
		(Firm/Co	mpany)	
	4800 SW 78th	Terrace Ste. 102	?	
		(Addi	ess)	
	Davie,	Florida	12:00-10	33314
		(City/State an		
For further infor	mation concerning	this matter, please o	all:	
	/ EVP or Martha Name of Contact P		at (954	316-8071 e & Daytime Telephone Number)
(Name of Contact P	erson)	(Area Cod	s & Daytime Telephone Number)
Enclosed is a \$3	5.00 check made pa	ayable to the Depart	ment of State.	
	<u>Mailing Ac</u> Amendme	Idress: nt Section		Address: dment Section
	Division of	of Cornorations	Divisi	on of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



January 8, 2008

COLIN MCCAULEY 4800 SW 64TH AVE, SUITE 102 DAVIE, FL 33314

SUBJECT: AMERICAN ALLSTATE BACKFLOW SPECIALISTS, INC.

Ref. Number: P99000011591

We have received your document for AMERICAN ALLSTATE BACKFLOW SPECIALISTS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please remove any reference to the SS# from the document. This is not required.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 207A00070967

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

American Allstate Backflow Specialists, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
P99000011591 ASS
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
<u>AMENDMENTS ADOPTED</u> - (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)
Article # 6 Delete due to Death Jack C. McCauley Sr.
Article # 6 ADD Colin McCauley as Registered Agent - secolfachment Ec A
Article # 7 Delete due to Death Jack C. McCauley SR.
Article # 7 ADD Martha McCauley
Article # 8 Delete Jack C. McCauley Sr. Pres. / Secretary Due to Death
Article # 8 Amend Colin McCauley from Executive Vice President and Treasurer- 500 Shares to President and Secretary 510 Shares
Article # 8 ADD Martha McCauley as Executive Vice President and Treasurer- 490 Shares
Colin McCauley 3921 NW 78th Terrace Hollywood Florida 33024
Martha McCauley 3921 NW 78th Terrace Hollywood Florida 33024
(Attach additional pages if necessary)
If an amendment provides for 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)
Redistribute all Shares as Stated above and below:
Colin McCauley 510 Shares
Martha McCaulev 490 Shares

(continued)

FOR CORPO	DRATIONS
Pursuant to the provisions of sections 607.0502, 617.050	2, 607,1508, or 617,1508, Florida Statutes, this
statement of change is submitted for a corporation organ	
in order to change its registered office or registe	ered agent, or both, in the State of Florida.
1. The name of the corporation: American Allstate Backfi	ow Specialists, Inc.
2. The principal office address: 4800 SW 64th Ave Suite	102 Davie, Florida 33314
3. The mailing address (if different):	
4. Date of incorporation/qualification: February 12, 199	9 Document number: P99000011591
5. The name and street address of the current registered a Florida Department of State:	gent and registered office on file with the
Jack C McCauley Sr	
304 S Ketch Dr	
Sunrise, Florida 33326	
6. The name and street address of the new registered ager (if changed):	nt (if changed) and /or registered office
Colin McCauley	<u> </u>
3921 NW 78th Terrace	
(P.O. Box NOT acceptable	1
Davie, Florida 33024	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.
(the	Colin McCauley / Executive VP
(Signature of an officer or director)	(Printed or typed name and title)
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat of my duties, and I am familiar with and accept the oblined accument is being filed merely to reflect a change in the corporation has been notified in writing of this change	ules relative to the proper and complete performance ligation of my position as registered agent. Or, if this is registered office address I berely confirm that the
	December 6, 2007
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Colin McCauley	•
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *

The date of each amendment(s) adoption: December 10, 2007
Effective date if applicable: Immediately
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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)
Colin McCauley (Typed or printed name of person signing)
Executive Vice President / CEO
(Title of person signing)

FILING FEE: \$35