M08000001704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WH5-08005

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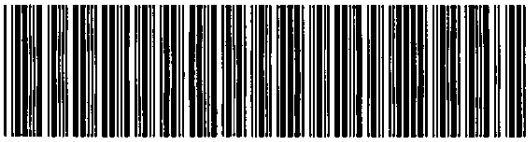

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FILED
15 MAY 12 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2015

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comfort Systems USA National Accounts, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melissa Pizani
Name of Person

Comfort Systems USA, Inc.
Firm/Company

675 Bering Drive, Suite 400
Address

Houston, TX 77057
City/State and Zip Code

melissa.pizani@comfortsystemsusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Pizani at (713) 830-9778
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ■ $25 Filing Fee
- ☐ $30 Filing Fee & Certificate of Status
- ☐ $55 Filing Fee & Certified Copy
- ☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (12/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAY 12 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 22, 2015

MELISSA PIZANI
COMFORT SYSTEM USA, INC.
675 BERING DR STE 400
HOUSTON, TX 77057

SUBJECT: COMFORT SYSTEMS USA NATIONAL ACCOUNTS, LLC
Ref. Number: M08000001704

We have received your document for COMFORT SYSTEMS USA NATIONAL ACCOUNTS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 215A00008122

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

FILED
15 MAY 12 PM 12:20
ALLAHASSEE FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Comfort Systems USA National Accounts, LLC

2. The Florida document number of this limited liability company is: M08000001704

3. Jurisdiction of its organization: Indiana

4. Date authorized to do business in Florida: 4/7/2008

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Comfort Systems USA Strategic Accounts, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, **Florida** _____
City *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

_____

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove
_____	_____	_____	☐ Add
		_____	☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Trent McKenna

Typed or printed name of signee

Filing Fee: $25.00

RECEIVED 03/27/2015 03:45 PM

APPROVED AND FILED
CONNIE LAWSON
INDIANA SECRETARY OF STATE
3/27/2015 3:50 PM

ARTICLES OF AMENDMENT

Formed pursuant to the provisions of the Indiana Business Flexibility Act.

Article I - ENTITY NAME

COMFORT SYSTEMS USA NATIONAL ACCOUNTS, LLC

The name following said transaction will be:
COMFORT SYSTEMS USA STRATEGIC ACCOUNTS, LLC

Creation Date: 7/28/1998

2655 FORTUNE CIRCLE WEST, SUITE E-F, INDIANAPOLIS, IN 46241

REGISTERED OFFICE AND AGENT

CT CORPORATION SYSTEM
150 WEST MARKET STREET SUITE 800, INDIANAPOLIS, IN 46204

The Signator represents that the registered agent named in the application has consented to the appointment of registered agent.

GENERAL INFORMATION

What is the latest date upon which the entity is to dissolve?:	Perpetual
Who will the entity be managed by?:	Members
Effective Date:	3/27/2015
Electronic Signature:	TRENT MCKENNA
Signator's Title:	VICE PRESIDENT

State of Indiana
Office of the Secretary of State

CERTIFICATE OF AMENDMENT

of

COMFORT SYSTEMS USA NATIONAL ACCOUNTS, LLC

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

COMFORT SYSTEMS USA STRATEGIC ACCOUNTS, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, March 27, 2015.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 27, 2015

Connie Lawson

CONNIE LAWSON,
SECRETARY OF STATE

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