PO200043974

	questor's Name)	
(Re	questors mame)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: <u>ALPINE AI</u>	R CONDITIONING	&_HEATING,INC.
DOCUMENT NUMB	ER: <u>P0200004</u> 3	3974	
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PATRICK 5	ROBINSON_SRName of Contact Person	1
-	ALPINE AIR CO	NDITIONING & H	EATING, INC.
-	18477 WINTER_	HAVEN ROAD Address	
-	FORT MYERS, F	City/ State and Zip Cod	e
For further information	E-mail address: (to be us	sed for future annual report	notification)
	ROBINSON_SR f Contact Person) <u>481_0940</u> de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep:	irtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indiment Section Ission of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

ALPINE AIR CONDITIONING (Name of Corporation as co	rrently filed with the Florida De	pt. of State)
P020000	43974	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	." or "Co". A professional corpo	porated" or the abbreviation ration name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		TANK TI
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ume of the F. 2.
Name of New Registered Agent		2
(Fla	orida street address)	
New Registered Office Address:		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ons of the position.
Signature of	New Registered Agent, if changing	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_VP	PATRICK_ROBINSON_JR	18477 WINTER HAVEN RD
Add			FORT MYERS, FL 339 67
-X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

l <mark>f amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary).</i>	(Be specific)	
· · · · · · · · · · · · · · · · · · ·		_
·		
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
+	· ·	
		_

The date of each amendment(s) ado date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the rtment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
☐ The amendment(s) was/were appromust be separately provided for ed	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoptaction was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoptaction was not required.	ed by the incorporators without shareholder action and shareholder
Dated <u>X ///</u>	77/17
Signature 😾	Litte 1 Hyers 21.
(-, -, -, -, -, -, -, -, -, -, -, -, -, -	****
	by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)
_	PATRICK_ROBINSON_SR
	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)