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AUG 02 2018 S. YOUNG



July 24, 2018

KENNETH HILLINGSWORTH ACCESS MECHANICAL SYSTEMS, INC. 6973 HIGHWAY AVENUE STE 103 JACKSONVILLE, FL 32254

SUBJECT: ACCESS MECHANICAL SYSTEMS, INC.

Ref. Number: P17000074022

We have received your document for ACCESS MECHANICAL SYSTEMS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

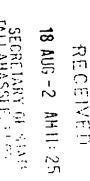
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 818A00015205



## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

| NAME OF CORPOR.                        | ATION: Access N.                          | Dechanial Syste  | ens, Inc   |     |  |
|--|---|--|--|-----|--|
| DOCUMENT NUMBI                         | ER: <u>\$170000</u> 7                     | 4022   | ,  |     |  |
| The enclosed Articles o                | f Amendment and fee are su                | bmitted for filing.  |  |     |  |
| Please return all corresp              | ondence concerning this ma                | tter to the following:   |  |     |  |
| -                                      | Kennet                                    | h Hollingsworth  | 5  |     |  |
|  | Access M                                  | echanical 545th<br>Firm/Company<br>hway Ave 5v<br>Address          | ems, Irc.  |     |  |
| _                                      | 6973 High                                 | hway Ave Su  | ite 103  |     |  |
|  |   | Address  | 3  |     |  |
| -                                      | Jacksonvi                                 | City/ State and Zip Cod  | <del>x3 y</del>  |     |  |
| <i>G</i>                               | _   |  | 545tems, com   |     |  |
| For further information                | concerning this matter, pleas             | se call:   |  |     |  |
| Angela                                 | _ Russell                                 | at ( 90 y  | de & Daytime Telephone Number  | 205 |  |
|  |   |  |  |     |  |
| Enclosed is a check for                | the following amount made                 | payable to the Florida Depa  | irtment of State;  |     |  |
| □ \$35 Filing Fee                      | S43.75 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) |     |  |
|  | ng Address<br>idment Section              |  | Address<br>ment Section  |     |  |
| Division of Corporations P.O. Box 6327 |   | Division of Corporations<br>Clifton Building                       |  |     |  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Access Mechanical Systems, Inc.   |             |          |
|---|-------------|----------|
| (Name of Corporation as currently filed with the Florida Dept. of State)  |             |          |
| P17000074022  |             |          |
| (Document Number of Corporation (if known)  |             |          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followin<br>its Articles of Incorporation:  | g amendment | (s) to   |
| A. If amending name, enter the new name of the corporation: MA  |             |          |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: |             |          |
| (Principal office address MUST BE A STREET ADDRESS )  |             |          |
| C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 18 AUG      | <u> </u> |
|   | : <u>:</u>  |          |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:   | 20          |          |
| Name of New Registered Agent  | -           |          |
| (Florida street address)  | -           |          |
| New Registered Office Address:, Florida   |             |          |
| (City) (Zup   | Code)       |          |
| New Registered Agent's Signature, if changing Registered Agent: VIA I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.   |             |          |
| Signature of New Registered Agent, if changing  | -           |          |

| address of each Officer:<br>(Attach additional sheets,<br>Please note the officer/dir<br>P = President; V= Vice i<br>Executive Officer, CFO<br>held, President, Treasure,<br>Changes should be noted | and/or 13 if necess rector title President rector Chief if rector in the forwest the converse the converse if rector in the forwest the converse in the converse if the converse in the conver | Director bosary) Ite by the fit; T= Trea Financial or would I Howing m orporation | eing added: N/A  rst letter of the office title: isurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more of PTD, anner. Currently John Doe is listed as the n, Sally Smith is named the V and S, The: | er/director being removed and title, name, and  Trustee; C — Chairman or Clerk; CEO = Chief  the than one title, list the first letter of each office  the PST and Mike Jones is listed as the V. There is  se should be noted as John Doe, PT as a Change, |  |
|--|--|---|---|---|--|
| X Change   | <u>PT</u>  | John Do   | <u>e</u>  |   |  |
| $\underline{X}$ Remove $\underline{V}$   |  | Mike Jones  |   |   |  |
| <u>X</u> Add   | <u>sv</u>  | Sally Sn  | <u>nith</u>   |   |  |
| Type of Action<br>(Check One)  | <u>Title</u>   |   | Name  | <u>Addres</u> s   |  |
| 1) Change  |  | _   |   |   |  |
| Add  |  |   |   |   |  |
| Remove   |  |   |   |   |  |
| 2) Change  |  |   |   |   |  |
| Add  |  |   |   |   |  |
| Remove   |  |   |   |   |  |
| 3) Change  |  | _   |   |   |  |
| Add  |  |   |   |   |  |
| Remove   |  |   |   |   |  |
| 4) Change  |  | _   |   |   |  |
| Add  |  |   |   |   |  |
| Remove   |  |   |   |   |  |
| 5) Change  |  |   |   |   |  |
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| 6) Change  |  | _   |   |   |  |
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\_\_ Remove

|                | dding additional Art sheets, if necessary).  |          | nge(s) here: |  |  |             |
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|                | provides for an exclude provides for an exclusive provid |          |              |  |  |             |
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| Change to      | he stock pe  | rcenture | of oune      | ship:                                  |  |             |
| Kassella       | D. Hollings  | 21204    | 70%          | ······································ |  |             |
| HEIMERT        | 1 Millings   | WONT     | 1 0          |  |  |             |
| Kenneth        | J. Sapp  |          | 6%           |  |  |             |
| Keneth         | J. 52pp  | Jr. 2    | 4%           |  |  |             |
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| The date of each amendment(s) adoption: July 17, 2018 if other than the date this document was signed.   |
|--|
| Effective date if applicable: \(\sqrt{U_1}\), \(\lambda\) (no more than 90 days after amendment tile date)   |
| <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  |
| Adoption of Amendment(s) (CHECK ONE)   |
| The amendment(s) was/were adopted 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.   |
| Dated  |
| (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) |
| Kenneth D. Hollings woth (Typed or printed name of person signing)   |
| President (Title of person signing)  |
| (Title of person signing)  |