

509291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

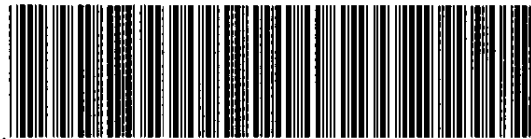
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



100182446641

06/25/10--01016--019 **35.00

FILED

2010 JUL 15 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

JUL 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ABE SCHWARTZ AIR CONDITIONING UNLIMITED

DOCUMENT NUMBER: 509291

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL L AZEREDO

Name of Contact Person

ANDERSON, AZEREDO & LIOCE CPA'S AND ASSOCIATES P.A.

Firm/ Company

749 US HIGHWAY ONE, SUITE 100

Address

NORTH PALM BEACH, FL 33408

City/ State and Zip Code

DAZEREDO@AALCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL L AZEREDO

Name of Contact Person

at (561)

844-4431 EXT 203

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2010

NELSON SCHAD
1412 ALLENDALE RD
W PALM BEACH, FL

SUBJECT: ABE SCHWARTZ AIR CONDITIONING UNLIMITED, INC.
Ref. Number: 509291

We have received your document for ABE SCHWARTZ AIR CONDITIONING UNLIMITED, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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

Please provide us with an email address for this business entity. The Division of Corporations sends important reminders and notices to those business entities that have provided our office with an email address. Make sure your entity receives these helpful communications by providing our office with an active email address.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 610A00015811

Articles of Amendment
to
Articles of Incorporation
of

ABE SCHWARTZ AIR CONDITIONING UNLIMITED, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

509291

(Document Number of Corporation (if known))

FILED
2010 JUL 15 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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**)

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:

Name of New Registered Agent:

NELSON SCHAD

New Registered Office Address:

1412 ALLENDALE ROAD

(Florida street address)

WEST PALM BEACH

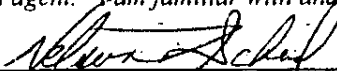
(City)

Florida 33405

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P/D	NELSON SCHAD	1700 EMBASSY DRIVE UNIT 707 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	MAY ELLEN SCHAD	1700 EMBASSY DRIVE UNIT 707 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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).

The date of each amendment(s) adoption: 06/14/2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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):

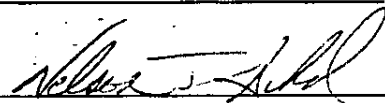
"The number of votes cast for the amendment(s) was/were sufficient for approval.

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 7/13/10

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)

NELSON SCHAD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)