567795

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	n: ARNOLD	AIR CONDITION	ING, INC.
DOCUMENT NUMBER: _	567795		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amo	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this mat	ter to the following:	
E	ILEEN F. ARN	OLD	
		Name of Contact Person	1
A	RNOLD AIR CO	NDITIONING, IN	c
		Firm/ Company	
9	600 RIVERVIE	W DR.	
		Address	
M	IICCO, FL 329	76	
		City/ State and Zip Code	9
C	:a328@bellsou -mail address: (to be us	th.com ed for future annual report	notification)
For further information conce	erning this matter, pleas	ee call:	
EILEEN ARNOLE)	ա (772) 664-1888
Name of Con	tact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the fo	illowing amount made p	payable to the Florida Depa	urtment 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)
P.O. Box 6	it Section Corporations	Amend Divisio Clifton 2661 E	Address Intent Section In of Corporations Building Executive Center Circle Essee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARNOLD AIR CONDITIONING, INC.	,			
(Name of Corporation as currently filed with the Flor	rida Dept. of State)			
567795				
(Document Number of Corporation (if k	nown)			
Pursuant to the provisions of section 607,1006, Florida Statutes, this Flaits Articles of Incorporation:	orida Profit Corporation adopts the f	ollowing ar	nendm	ent(s) t
A. If amending name, enter the new name of the corporation:				
LC VENTURES OF BREVARD, INC.			ne nev	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Ca.," or the designation "Corp.," "Inc," or "Coword "chartered." "professional association," or the abbreviation "P.	 A professional corporation nam 	r the abbre e must con	eviatioi tain the	n e
B. Enter new principal office address, if applicable:	same	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET ADDRESS)				
C. Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE BOX)	<u>same</u>			
	, , , , , , , , , , , , , , , , , , ,		_	
			4	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the		33	77
new registered agent and/or the new registered office address:	N/A		EB 2	
Name of New Registered Agent			7	1
		÷.,		Ö
(Florida siree.	anddress)		:	
(, , , , , , , , , , , , , , , , , , ,	,			
New Registered Office Address: (City)	Florida	ode)	8 3	
(Cay)	(Σφ (,out/		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the p	osition		
Signature of Man Pagingrand An	ant if changing			

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held. President, Treasurer Changes should be noted	if necess rector title resident Chief F r, Directo in the foi	irector be ary) e by the fi ; T= Tree Financial or would b llowing m orporation	eing added: N/A irst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more the 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; $CEO = Chief$ re 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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add Remove				
2) Change		- -		
Remove 3) Change		-		
Remove				
4) Change	·	 -		
Remove				
5) Change				
Remove				
6) Change		_		

Remove

icles, enter change(s) here:
(Be specific)
-
nange, reclassification, or cancellation of issued shares.
nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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The date of each amendment(s date this document was signed.) adoption:	, ii otner than tr
Effective date if applicable:	Amendment File Date	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Dated	2125/14 Les ans Eo	
Signature		
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court mointed fiduciary by that fiduciary)	
	LEO ARNOLD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	