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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Tri-County Spe	cialty Contractors Asso	ciation
DOCUMENT NU	MBER: 730775		
The enclosed Artic	cles of Amendment and fee are subm	nitted for filing.	
Please return all co	orrespondence concerning this matte	r to the following:	
_		yl Harris Contact Person)	<u>===</u>
	(Name of C	contact reason)	
	Southwest	Florida ACCA	
	(Firm/	Company)	
	466 94th	n Avenue N.	
	(A	ddress)	
	St. Petersb	urg, FL 33702	
		and Zip Code)	<del></del>
		sw-acca.org	tion)
For further inform	ation concerning this matter, please	4-	
Cheryl Harris		at (727)_209-0890	)
	me of Contact Person)		e Telephone Number)
Enclosed is a chec	k for the following amount made pa	yable 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)
A D P.	lailing Address mendment Section ivision of Corporations O. Box 6327 allahassec, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file			<del></del>
73077	75		
(Document Number of C	Corporati	on (if known)	<del></del>
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorpora		this Florida Not For Profit	Corporation adopts
A. If amending name, enter the new name of the co	<u>rporatio</u>	<u>n:</u> -	
Southwest Florida Air Conditionin	ig Contr	actors Association, Inc.	
The new name must be distinguishable and contain t abbreviation "Corp." or "Inc." <u>"Company" or "Co."</u>			rated" or the
B. Enter new principal office address, if applicable:		466 94th Ave N.	
(Principal office address <u>MUST BE A STREET ADD</u>	T ADDRESS )	St. Petersburg, FL 33	702
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>¥</u> )		10 JUN 17 PM
D. If amending the registered agent and/or register new registered agent and/or the new registered of			he name of the
Name of New Registered Agent:		neryl Harris	
-	466	94th Ave N.	
New Registered Office Address:	(Flori	da street address)	
·	St.	Petersburg, F	lorida 33702
		(City)	(Zip Code)
_	$\bigcap_{i=1}^{n} A_{i}$	gent: familiar with and accept the second se	<u>}</u>
•			

## 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>T</u>	<u>itle</u>	Name	Address	Type of Acti
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E	. <u>If amendin</u>	g or adding additional Articles, entional sheets, if necessary). (Be sp	ter change(s) here:	
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The date of each amendment(s) ac	doption: June 1, 2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
Dated June 1, 2	2010
Signature	West Snett
(By the chave not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, our appointed fiduciary by that fiduciary)
	Matt Smith
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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