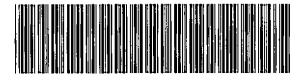
## G65709

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to File	ng Officer:	
J. HORNE		
AM	y - 3 2022	

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## **COVER LETTER**

**TO:** Amendment Section . Division of Corporations

NAME OF CORPOR	ATION: AMERICAN ALD	ES VENTILATION CORF	PORATION
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Gary Craw		
•		Name of Contact Persor	
	American Aldes Ventilation Corporation  Firm/ Company		
•			
	4521 19th Street Court East, S	Suite 104	
•		Address	
	Bradenton, FL 34203		
•		City/ State and Zip Code	
	gary.craw@aldes.com		
-	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Julia Ciesielski		941 at (	351-3441 x 324 de & Daytime Telephone Number
Name o	f Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment

to

## Articles of Incorporation of AMERICAN ALDES VENTILATION CORPORATION (Name of Corporation as currently filed with the Florida Dept. of State G65709 (Document Number of Corporation (if known) 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: 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: JULIA CIESIELSKI Name of New Registered Agent (Florida street address) New Registered Office Address: 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. New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: X 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	Name	<u>Addres</u> s
1) Change	T	GARY CRAW	4521 19th STREET COURT E.
X Add			SUITE 104
Remove			BRADENTON FL 34203
2) Change	D	FREDERIC GIRAUDET	20 BOULEVARD IRENE JOLIO
X Add			CURIE
Remove 3) Change			69200 VENISSIEUX FRANCE
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change	·		
Add			
Remove			
6) Change		_	
Add			<del></del>
Remove			

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	nt provides for an e	mendment if not	fication, or cance contained in the	llation of issued sh amendment itself:	ares,
provisions for (if not appl	licable, indicate N/A)				
provisions for (if not appi	licable, indicate N/A) N ∫ A		<u>-</u> -		
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provisions for (if not appl	licable, indicate N/A)				

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	March 10, 2022	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
	10, 2022	
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 Dep	ck does not meet the applicable statutory filing requirements, this dat artment of State's records.	e will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s icient for approval.	)
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,,	
<del>-</del> ,	(voting group)	
March 10, 20 Dated Signature	ctdr, president or other officer – if directors or officers have not been	
	by an incorporator — if in the hands of a receiver, trustee, or other court	
	I fiduciary by that fiduciary)	
appointed	inductary by that inductary)	
S	tanislas LACROIX	
_	(Typed or printed name of person signing)	
C	EO	
	(Title of person signing)	