PD1000053818

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Amend Mame 10 3/10/14

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: A/C Z	ONE INC.
NAME OF CORPORATION: A/C Z DOCUMENT NUMBER: POlogoo	53818
The enclosed Articles of Amendment and fee are subm	
Please return all correspondence concerning this matter	er to the following:
MAPK WOODLO	Name of Contact Person
•	STRUCTION LAW FIRM, P.A. Firm/ Company
1350 ORANGE	AVE, STE 280
WINTER PARK,	FL 32789 City/ State and Zip Code
HHOSHIN 7 G G E-mail address: (to be used	GMAIL, COM d for future annual report notification)
For further information concerning this matter, please	call:
MARK WOODLOCK, ESQ. Name of Contact Person	at (407) 409 · 5305 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made page	
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation	Signam Fill For
	of	AVIETARYON ST
A/C ZONE IHC.		14 PM 1: 02
(Name of Corporation as currently f	iled with the Florida Dept. of State)	' PM 1: 83
PO1000053/818		▼ ¢
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> ado	pts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
LEGACY HVAC	SERVICES THE	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorpor o," "Inc," or "Co". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)	1370 GENE S DRESS) WINTER PARK	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX) 1370 GENES WINTER PARK	
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		of the
Name of New Registered Agent	-NIT	
<u>1370</u>	(Florida street address)	
New Registered Office Address. WIP		32789 (Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations	of the position.
Signature of I	Vew 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice, President; $\dot{T} = Treasurer$; 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change		N K	
Add		/ 1	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove			

If ame Attach	ending or adding additional Articles, enter change(s) here: a additional sheets, if necessary). (Be specific)
	NIP
· · · · · · · · · · · · · · · · · · ·	
<u>provi</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
	NA
· · · -	

The date of each amendment(s) addate this document was signed.	upitoti.	, if other than the
Effective date if applicable:	- NIP	
errective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	
Signature	RCH 5, 2014	_
selected	ector, 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 ed fiduciary by that fiduciary)	
_	HUGH F. HO SHIU (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
_	PRESIDENT	
_	(Title of person signing)	