PD100004476

| (Requestor's Name) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
|--|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zin/Phone #0 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Only/Otale/2lp/) Hone #) |
| (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL |
| (Document Number) Certified Copies Certificates of Status | |
| Certified Copies Certificates of Status | (Business Entity Name) |
| Certified Copies Certificates of Status | |
| | (Document Number) |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status |
| | Special Instructions to Filing Officer: |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



000159844610

08/24/09--01047--007 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDI

Amend 10 8/05/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Elite Cooling, Heating & Appliance of Polk County, In P01000064476 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kellie D. Beverly Name of Contact Person Elite Cooling, Heating & Appliance of Polk County, Inc. Firm/ Company P.O. Box 533 Address Kathleen, FL 33849 City/ State and Zip Code www.eliteac@tampabay.rr.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (___863__) ____858-6602 Area Code & Daytime Telephone Number Kellie D. Beverly Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **✓ \$35** Filing Fee □ \$43.75 Filing Fee & **☐ \$43.75** Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

Elite Cooling, Heating & Appliance of Polk County, Inc.

| PO100064476 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folimendment(s) to its Articles of Incorporation: NA The new member of the corporation: NIA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the labbreviation "Corp.," "Inc.," or "Co." A professional corporation ame must contain the word "chartered," "professional association," or the abbreviation "P.A." Benter 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: New Registered Office Address: (Florida street address) Florida Florida Florida Florida Florida | (Name of Corporation as currently fi | iled with the Florid | da Dept. of State) | |
|--|---|----------------------|-----------------------------------|---------------|
| If amending name, enter the new name of the corporation: N/A The new new nust be distinguishable and contain the word "corporation," "company," or "incorporated" or the observation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida | P010000 | 64476 | | |
| If amending name, enter the new name of the corporation: N/A The new memory be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida | (Document Number of | Corporation (if kno | own) | |
| NIA The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) , Florida | | ida Statutes, this F | Florida Profit Corporation adopt | ts the follow |
| me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the previation "Corp.," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) , Florida | If amending name, enter the new name of the co | orporation: | | 00 |
| breviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) , Florida | N// | A | | The next |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) , Florida | breviation "Corp.," "Inc.," or Co.," or the design | nation "Corp," "Inc | ac," or "Co". A professional co | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) , Florida | | | | |
| 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: | uncipal office adaress <u>MUST BE A STREET ADL</u> | <u>)KESS</u>) | | |
| 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: | | | | |
| 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: | | <u></u> | | |
| 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: New Registered Office Address: (Florida street address) , Florida | Enter new mailing address, if applicable: (Mailing address MAY RF A POST OFFICE RO |)Y) | | |
| Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida | (muning numess MAT DE AT OST OFFICE BO | <u></u> | | |
| Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida | | | | |
| Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida | | | | |
| Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida | | | in Florida, enter the name of the | <u>e</u> |
| New Registered Office Address: (Florida street address) , Florida | | | | |
| , Florida | Name of New Registerea Agent: | | | |
| | New Registered Office Address: | (Florida street | address) | |
| | | | Florido | |
| (CHY) $(ZIPCOUE)$ | | (City) | , Florida (Zip Code) | |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent of Changing

If almending 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> | Name | Address | Type of Action |
|--------------|---|---|-------------------|
| Preside | David L. Beverly | 8544 Pinecone Dr. Lakeland. FL 33809 | |
| Vice Pr | James K. Garrett | 4811 Toni Ave. Lakeland, FL 33813 | |
| Pres. | Kellie D. Beverly | 8544 Pinecone Dr. Lakeland, FL 33809 | |
| | | | |
| | | | |
| provisio | nendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A) | | |
| 1. I would | like to remove James K. Garre | ett as officer with zero shares. | |
| 2. I would | like to remove David L. Beverly | y as officer with zero shares. | |
| 3. I would | like to add Kellie D. Beverly as | officer with 100% shares and | change title from |
| Secretar | ry to President. | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 8/13/2009 |
|--|--|
| Effective date <u>if applicable</u> : | 8/13/2009 (date of adoption is required) |
| • | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval |
| by | ., |
| <u> </u> | (voting group) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| Dated 8/13 | 3/2009 |
| sel | y a director, president or other officer if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | Kellie D. Beverly |
| | (Typed or printed name of person signing) |
| | Secretary |
| | (Title of person signing) |