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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES,

Account Number : I20050000099 Phone : (813) 932-5244 : (813)932-3782 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN RESIDENTIAL AIR SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
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From: Roman Albano

Fax: +1 (813) 932-5244 101

Tar

Fax: +1 (850) 817-6380

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COVER LETTER

(((H140002483653)))

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	RESIDENTIAL AIR SERVICES INC	
DOCUMENT NU	JMBER:	P01000083368	_
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
		Name of Contact Person	
	CONTRACTOR	S REPORTING SERVICE, INC	
		Firm/ Company	14 0CT 23 AM
1:		95 N Nebraska Ave	- G
		Address	AMID: LB
		Tampa, FL 33613	
		City/ State and Zip Code	
For further inform	ation concerning this matte		
	ROMAN ALBANO	at (813) 932-5244 Area Code & Daytime Telephone Number	_
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount	made payable to the Florida Department of State	:
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Certified Copy Certificate (Additional copy is enclosed) Certified Co (Additional	of Status
P.O. Box (nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	
	*	Tallahaceee FL 32301	

Roman Albano	Fax: +1 (813) 932-5244 101	To: Articles of A	Fax: +1 (850) 617-6380 Amendment	Page 3 of 5 10/23/2014 (((H140002483	
		to	-		
		Articles of In	-		
		U	1		
		RESIDENTIAL AI			
	(Name of Co	rporation as currently	filed with the Florid	la Dept. of State)	
		P01000	083368		
		(Document Number of	of Corporation (if kno	own)	
	the provisions of sections) to its Articles of Incorp		tutes, this <i>Florida P</i>	<i>rofit Corporation</i> add	opts the following
A. If amen	ding name, enter the nev	w name of the corporat	ion:		
	RES	IDENTIAL SERVIC	ES. INC		The new
abbreviation	be distinguishable and "Corp" "Inc" or Co	o" or the designation "	'Corp." "Inc." or "C	Co". A professional	corporation
abbreviation name must of B. Enter no	"Corp.," "Inc.," or Cocontain the word "charter www.principal office addre	o.," or the designation ' red," "professional asso ess, if applicable:	'Corp," "Inc," or "C ciation," or the abbi	Co". A professional reviation "P.A."	corporation
abbreviation name must of B. Enter no (Principal of C. Enter r (Mailing D. If amen new reg	n "Corp.," "Inc.," or Co contain the word "charter ew principal office addre	o.," or the designation ted," "professional assouss, if applicable: A STREET ADDRESS pplicable: ST OFFICE BOX t and/or registered office a	"Corp," "Inc," or "Corp," "Inc," or "Corp," "Inc," or the abbation," or the abbation, and the abbation, are abbati	TTE RD FL 33569 TE RD FL 33569	14.0CT 23 MAIO: 40
abbreviation name must of B. Enter no (Principal of C. Enter r (Mailing D. If amen new reg	o "Corp.," "Inc.," or Corportain the word "charter wew principal office address fice address MUST BE. The mailing address, if a graddress MAY BE A POrtion of the registered agent and/or the	o.," or the designation 'red," "professional asso ess, if applicable: A STREET ADDRESS pplicable: ST OFFICE BOX) t and/or registered office a	"Corp," "Inc," or "Corp," "Inc," or "Corp," "Inc," or the abbation," or the abbation, and the abbation, are abbati	TTE RD FL 33569 TE RD FL 33569	14.0CT 23 MAIO: 40
abbreviation name must of B. Enter no (Principal of C. Enter r (Mailing D. If amen new reg	ew principal office address of address of a principal office address of address of a principal office of New Registered Age of New Registered Age	o.," or the designation 'red," "professional asso ess, if applicable: A STREET ADDRESS pplicable: ST OFFICE BOX) t and/or registered office a	"Corp," "Inc," or "Cotation," or the abbut 11665 MONE") RIVERVIEW, 11665 MONET RIVERVIEW, ce address in Florid address:	TTE RD FL 33569 TE RD FL 33569	14.0CT 23 MAIO: 40

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Signature of New Registered Agent, if changing

removed a	nd title, name, and address	To: Fax: +1 (850) 617-6380 Page tors, enter the title and name of each officer) d of each Officer and/or Director being added:	
(Attach add	ditional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			Add
			Remove
.			
			Add
			- Premove
			Remove-
			$\frac{6}{3}$ ω 1
		Articles, enter change(s) here:	6 6
(attach d	additional sheets, if necessary	v). (Be specific)	<u>.</u>
	mendment provides for an	exchange, reclassification, or cancellation of is unendment if not contained in the amendment	ssued shares, itself:
F. If an a	tions for implementing the a		
provis	not applicable, indicate N/A)		
provis			
provis			

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Frem; Roman Albano	Fax: +1 (813) 932-5244 ' 101	Tes	Fax: +1 (850) 617-6380	Page 5 of 5 10/23/2014 1:07	7
	.: !	÷		(((H140002483653)))
The da	te of each amendment(s) a	doption: <u>06/0</u>	3/2014		
	ve date if applicable:	Ca/ 4	date of adoption is required)		
	(no	more than 90 de	nys after amendment file date)		
Adopti	on of Amendment(s)	CHEC	K:ONE)		
	amendment(s) was/were ad he shareholders was/were si		ueholders. The number of votes	s cast for the amendment(s).
☐ The	amendment(s) was/were ap it be suparately provided for	proved by the sl	narcholders through voting groung, entitled to vote separately of	ps. The following stateme n the omendment(s):	nt
	"The number of votes cast	for the amendme	ent(s) was were sufficient for ap	prova)	
	bv	•	<u>.</u>		
	(vo!	ing group)			_
acti	on was not required.		ard of directors without shareho		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	amendment(s) was/were ad on was not required.	opted by the inc	orporators without shareholder	action and shareholder	EN 10: 188
	Dated_06/03/	2014	·	9377	ી: 18
	(By a di	rector mesident	another officer - if directors or	officers have not been	
	selected		aton - if in the hands of a receiv		
			RANDALL C STANLEY		
		(Typed	or brinted name of person sign	ing)	
			PRESIDENT	_	
	; ·	(Title of po	erson signing)		