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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Tom Moor	e Heating and	Cooling, Inc.
DOCUMENT NUMBER: P02000045	17	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this mat	tter to the following:	
Thomas A. Moo	ore	
	Name of Contact Person	1
Ann Moore Hea	ting and Coolir	ng, Inc.
	Firm/ Company	
6337 Old Main S	Streeet	
	Address	
New Port Riche	y, FL 34653	
-	City/ State and Zip Code	2
tomoor@msn.com		
	sed for future annual report	notification)
For further information concerning this matter, pleas	se call:	
Tom Moore	_{0.} .727	992-7220
Name of Contact Person	ar (Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Incorpolation 25 FM 12: 06

Tom Moore Heating and Cooling, In	SECRETARY OF STATE: MALEAHASSEE: FLORIDA:
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P02000004517	COLL. N
(Document Number of Corporation	i (il known)
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Ann Moore Heating and Cooling, Inc	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6337 Old Main St.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	New Port Richey, FL 34653
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6337 Old Main St.
<u></u>	New Port Richey, FL 34653
D. If amending the registered agent and/or registered office ad	Ideas in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent Thomas A. M	oore
6337 Old Ma	in Street
•	street address)
New Registered Office Address: New Port Ric	hey Florida FL (Zip Code)
(Ch	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
Signature of New Registered	d 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; 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		— — — — — — — — — — — — — — — — — — —	
Remove			
Kenkwe			<u> </u>
6) Change		_	
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
	,
 	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
rovisions for implementing the amount of the amount of the applicable, indicate N/A)	endment if not contained in the amendment itself:
(y nor appreciate, marcure (with	
to the two the territories and the territories are the territories	

The date of each amendment(s)	adoption: 4/23/2013
Effective date if applicable: 4	/29/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder
_{Dated} 5/24/	2013
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	Ann D. Moore
	(Typed or printed name of person signing)
	President
	(Title of person signing)