

# P02582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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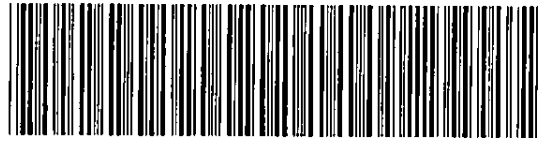
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL 32302

2024 APR -5 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FL 32302

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RECEIVED

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 04/05/2024

Acc#I20160000072

*en: c DW*

Name:	Grunau Company, Inc.
Document #:	
Order #:	15478130

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
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Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 43.75
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Thank you!

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**  
P02582

\_\_\_\_\_  
(Document number of corporation (if known))

1. Grunau Company, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. WISCONSIN 3. 07/03/1984  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/1/2024
5. API HVAC SERVICES, INC.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. 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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

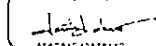
TALLAHASSEE, FLORIDA  
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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Assistant	Stephen Hlavach	1100 West Anderson Court	Add
		Oak Creek, WI 53154	<input checked="" type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

DocuSigned by



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Louis Lambert

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

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FALLASSER, J. J. J. J.

DOM  
180 181 183

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Craig Heilman, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**API HVAC SERVICES, INC.**

~~is a domestic corporation or limited liability company organized under the laws of this state and its date of~~  
incorporation or organization is September 19, 1983.

I further certify that the following amendment has been filed and is effective February 1, 2024,  
changing the entity name from GRUNAU COMPANY, INC. to its current name API HVAC SERVICES, INC.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0212, Wis. Stats., and that it has not filed Statement or Articles of Dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on March 8, 2024.

A handwritten signature in black ink, appearing to read "Craig Heilman".

CRAIG HEILMAN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

A handwritten signature in black ink, appearing to read "Linda Anderson".

By: Linda Anderson