# P06000/5/19

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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APPROVED AND FILFD



#### **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: SEADS AIR CONSTITIONING & Heating Inc. DOCUMENT NUMBER: <u>\$\rho60\infty\$ (5//9)</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: EMINA HUMINOVIC

Name of Contact Person SEAD'S Air conditioning & Heating Inc. 113 SE 28th terracE Cape Coral FL: 33904
City/ State and Zip Code Selminoz Chotmail · com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: EMINA HUMINOUIC at (239) 745-5438

Name of Contact Person Area Code & Daytime Telephone Number 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 Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

#### **Articles of Amendment**

### **Articles of Incorporation**

## SEAD'S Air conditioning & Heating Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P06 0000 1511 9 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

N/A			<u> </u>	_The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ' word "chartered," "professional association," o	"Corp," "Inc," or "Co". A pro				
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	licable: TADDRESS)	N/A	<del></del>	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/A		SE SE	12
D. If amending the registered agent and/or renew registered agent and/or the new registered Agent  Name of New Registered Agent		da, enter the name	of the	FO FI	
New Registered Office Address:	(Florida strcet address)  W/A	, Florida		OF STATE FLORIDA	0 2
	(City)	,	(Zip Code)	-	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		cept the obligations of	of the position.		
	e of New Registered Agent, if cha	nging			

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	PT John D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address .11
1) Change	CEO	HOEUS MURILLO	1809 SW 15 terrace
X Add			Cape Coral
Remove			FL. 33991
2) Change	CFO	Rasmussen MURILLO	1027 SE 27th Stree
Add			Cape Coral
Remove			FL: 33904
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			Age of the state o
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6) Change			
Add			
Remove			

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an amendment provides for an excha	nge, reclassifica	ition or cancell	ation of issued st	19res
rovisions for implementing the amen	dment if not cor	tained in the a	nendment itself:	101 601
(if not applicable, indicate N/A)				
NA				
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
0/0/1//	
Effective date if applicable: 9/5/17  (no more than 90 days after amendment file date)	
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/3/14 Signature SEAD AUMINOVIC	
Signature SEAD MUMINOVIC	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
SEAD MUMINOVIC	
(Typed or printed name of person signing)	
President	
(Title of person signing)	_ <del></del>