P06000117651

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C. LEWIS

JUN 6 201.4

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_{on:} Clovair Inc.		
DOCUMENT NUMBER:	P0600011765	1	way to the second of the secon
The enclosed Articles of An			
Please return all correspond	ence concerning this mat	ter to the following:	
Jar	mes Agnello		
		Name of Contact Persor	l
Clo	ovair Inc.		
**********		Firm/ Company	
50	50 Oakwood T	rail	
		Address	
Mu	ılberry, Florida	33860	
		City/ State and Zip Code	
agnelle	o1979@hotma	il.com	
		ed for future annual report	notification)
For further information con	cerning this matter, pleas	e call:	
James Agnello		_{at (} 863	8594090
Name of Co	ntact Person		de & Daytime Telephone Number
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee l	☐\$43.75 Filing Fee & Certificate of Status	□\$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 ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

APPROVEU AND FILEO

Articles of Amendment to . Articles of Incorporation of

14 MAY 23 PM 12: 28

Clovair Inc.	SECRETARY OF STATE
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P06000117651	
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation:	his Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
	5050 Oakwood Trail
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Mulberry, FL 33860
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5050 Oakwood Trail
	Mulberry, FL 33860
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address Name of New Registered Agent Name of New Registered Agent	ress:
5050 Oakwoo	od Trail
	a street address)
(Florida	, Florida 33860

Signature of New Registered 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 <math>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>	Name	<u>Addres</u> s	
1) Change	<u>V</u>	Anthony Agnello	5050 Oakwood Trail	
Add			Mulberry, FL 33860	
Remove				
2) Change	P	James Agnello	5050 Oakwood Trail	
Add			Mulberry, FL 33860	
Remove 3) Change	VP	Scott Agnello	5050 Oakwood Trail	
Add			Mulberry, FL 33860	
Remove				
4) Change	 .			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)
'A	
· .	
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
/A	
<u> </u>	



The date of each amendment(s) adoption: May 20th, 201	4	, if other than the
date this document was signed.	14 MAY 23 PM 12: 28	
Effective date if applicable: May 20th, 2014	SECRETARY OF STATE	
(no more than	SECRETARY OF STATE 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/w	rere sufficient for approval	
by(voting group)		
The amendment(s) was/were adopted by the board of directo action was not required. The amendment(s) was/were adopted by the incorporators with action was not required.		
Dated_May 20th, 2014		
Signature Jun OC		
selected, by an incorporator - if in	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciar	(y)	
James Agnello		
(Typed or	r printed name of person signing)	
President		<u></u>
(Title of person signing)	