

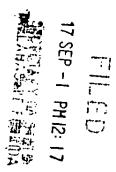
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AARCO Air and H	leat Inc.			
DOCUMENT NUMB	PO7000017058 ER:				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	David Lott				
-	<u> </u>	Name of Contact Person			
	AARCO Air and Heat Inc.				
-		Firm/ Company			
,	470 sunset Rd.				
•		Address			
	Enterprise, Fl 32725				
•		City/ State and Zip Code			
davida	llenlott@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
David lott		321 at (202-7772) de & Daytime Telephone Number		
Name o	f Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>M</u> ail	ling Address	Street	Address		
Ame	ndment Section		Amendment Section		
	sion of Corporations		n of Corporations		
	Box 6327 ahassee, FL 32314		Building xecutive Center Circle		

Tallahassee, FL 32301

FILED

Articles of Amendment to Articles of Incorporation of

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AARCO Air and Heat Inc. (Name of Corporation as currently filed with the Florida Dept. of State) PO7000017058 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 470 Sunset Rd B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enterprise, Fl 32725 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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) , Florida New Registered Office Address: (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

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.

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	vp	Matt Perkins	866 Arawana Dr
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Orange City, Fl 32763
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- 17
Remove			

L. <u>If amendir</u> (Attach <i>ada</i>	<mark>ig or adding a</mark> litional sheets	dditional Artic if necessary).	les, enter ch (Be specific	<u>iange(s) here</u> ·)	į:			
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If an ame	ndment provid	les for an excha	ange, reclas	sification, or	cancellation	of issued sha	ares,	
provision	is for impleme	nting the amen	idment if no	ot contained i	<u>n the amend</u>	ment itself:		
(if no	ot applicable, ir	idicate N/A)						
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<u>.</u>	 -				<u> </u>			
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,	08/30/2017
The date of each amendment(s) ac	doption:, if other
date this document was signed. 08/3	0/2017
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
08/30/2017	
Dated	
Signature	
(By a d	lirector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that (iduciary)
аррош	
	David Lott
	(Typed or printed name of person signing)
	President
	(Title of person signing)