

PO7000023784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

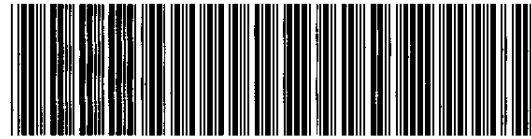
(Business Entity Name)

(Document Number)

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07/12/10--01015--014 \*\*25.00

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FILED  
2010 JUL 26 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

JUL 26 2010



July 7, 2010

Fax # \_\_\_\_\_

Attn : \_\_\_\_\_

From : \_\_\_\_\_

\_\_\_\_ Pgs. Including cover sheet

Comments:

REQUEST FOR CHANGE OF  
MANAGERS FOR ENERGYCRAFT SYSTEMS OF  
CENTRAL FLORIDA, INC.

THANK YOU,

James Helvly

**ENERGYCRAFT SYSTEMS of CENTRAL FLORIDA**

**9570 SE 170<sup>th</sup> Place**

**SUMMERFIELD, FL. 34491**

Cell #352-235-6479/ Office: 352-347-7366 / Fax: 352-307-7841

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ENERGYCRAFT SYSTEMS OF CENTRAL FLORIDA, INC.

DOCUMENT NUMBER: P07000023784

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES T. HEIVLY  
Name of Contact Person

ENERGYCRAFT SYSTEMS OF CENTRAL FLORIDA, INC.  
Firm/ Company

9570 S.E. 170<sup>th</sup> PLACE  
Address

SUMMERFIELD, FL. 34491  
City/ State and Zip Code

jim.heivly@energycraft.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES T. HEIVLY at (352) 235-6479  
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:

- |   |  |  |   |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|---|--|--|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 14, 2010

ENERGYCRAFT SYSTEMS OF CENTRAL FLORIDA  
JAMES HEIVLY  
9570 SE 170TH PLACE  
SUMMERFIELD, FL 34491

SUBJECT: ENERGCRAFT SYSTEMS OF CENTRAL FLORIDA, INC.  
Ref. Number: P07000023784

We have received your document for ENERGCRAFT SYSTEMS OF CENTRAL FLORIDA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 110A00017087

Articles of Amendment  
to  
Articles of Incorporation  
of

Energycraft Systems of Central Florida, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

PD7000023784

(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:**

\_\_\_\_\_ The new  
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."

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

James T. Hewly  
9570 S.E. 170th PLACE

New Registered Office Address:

(Florida street address)

SUMMERFIELD, Florida 34491  
(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.

James T. Hewly  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR	JAMES T. HEIVLY	9570 S.E. 170th Pl. SUMMERFIELD, FL. 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
DIRECTOR	JANE L. HEIVLY	9570 S.E. 170th Pl. SUMMERFIELD, FL. 34491	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
 (if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 7-22-10

(date of adoption is required)

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ 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 7-22-10

Signature

Thomas K. Heivly

(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)

THOMAS K. HEIVLY

(Typed or printed name of person signing)

OFFICER / SECRETARY

(Title of person signing)