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(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amund a 12/24/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	G & D MECHANICAL SERVICES CORP		
DOCUMENT NU	MBER:	P07000107840		
The enclosed Artic	eles of Amendment and	I fee are submitted for filing.		
Please return all co	orrespondence concern	ing this matter to the following:		
		GUSTAVO A. PADILLA Name of Contact Person		
		Name of Contact Person		
		Firm/ Company		
434 Windrose Dr.				
		Address		
		Orlando, Fl. 32824 City/ State and Zip Code		
	techsup E-mail address: (to	port@airsystemsonline.com be used for future annual report notification)		
For further information	ation concerning this m	natter, please call:		
Gı	ıstavo A. Padilla	at (407) 4910518		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a checl	k for the following amo	ount made payable to the Florida Department of State:		
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status			
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

G & D MECHANICAL SERVICES CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

	rond Dept. of State	
P07000107840		
(Document Number of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuto amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopt	s the following
A. If amending name, enter the new name of the corporation	<u>1:</u>	
NA		The new
name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional co	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SECRETARY OF TALLAHASSEE.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent: N / A		PM 4: 54
	da street address)	

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.

(City)

Signature of New Registered Agent, if changing

, Florida_

(Zip Code)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Sec	Lucy Florez R	434 Windrose Dr. Orlando, Fl. 32824	Remove
 			
			* * *** * * * * * * * * * * * * * * *
<u>provisio</u>		nge, reclassification, or cancellation	
<u>provisio</u> (if n	ons for implementing the amend ot applicable, indicate N/A)		ment itself:
<u>provisio</u> (if no The prese	ons for implementing the amend of applicable, indicate N/A) nt shares of common stock	ment if not contained in the amend	ment itself: