P08000050496

| ••• | (Requestor's Name) | |
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| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone |) #) |
| PICK-U | IP WAIT | MAIL |
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| | (Business Entity Nam | ne) |
| • | (Document Number) | |
| Certified-Copies | Certificates | of Status |
| Special Instruction | s to Filing Officer: | |
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SECRETARY OF STATE
TAIL LAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: | BOWERS A/C & ELECTRIC INC. |
|--|---|
| DOCUMENT NUMBER: | P08000050496 |
| The enclosed Articles of Amendment | and fee are submitted for filing. |
| Please return all correspondence conc | erning this matter to the following: |
| | MARY L-ROBERTS EA - Name of Contact Person - |
| | - Name of Contact Person |
| P | AT RHODES ACCOUNTING, INC. |
| | Firm/ Company |
| on the state of t | |
| | 1067 N EDGEWOOD AVE |
| | Address |
| and the second s | JACKSONVILLE, FL 32254 |
| | City/ State and Zip Code |
| ВО | WERSAIR@COMCAST.NET |
| E-mail address | : (to be used for future annual report notification) |
| For further information concerning th | is matter, please call: |
| W. GLEN BOWERS | at (904) 248-8837 Area Code & Daytime Telephone Number |
| - 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 | |
| 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 |

Articles of Amendment to Articles of Incorporation of

BOWERS A/C & ELECTRIC, INC.

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

P08000050496

(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:

| BOWERS | AIR SOLUTION | NS, INC. | | <u> </u> | The |
|--|---------------------------------------|------------------------|------------|-----------------------|---------------|
| name must be distinguishable and containabbreviation "Corp.,"-"Inc.;" or Co.;" or name must contain the word "chartered," " | the designation="C | orp, "·"In | c,":or "Ca | ". A_profess | ional corpora |
| 3. Enter new principal office address, if a | nnlicable: | | į. | • | |
| Principal office address MUST BE A STR | | | 7 | | |
| •• | · · · · · · · · · · · · · · · · · · · | ··· | | | |
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| | • | | | | |
| C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF | | | | | · |
| | • | | | ٠ | |
| | | | ·. | | |
| | | | | | |
| . If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent: | | | in Florida | enter the na | me of the |
| new registered agent and/or the new re | | | in Florida | enter the na | me of the |
| new registered agent and/or the new re | egistered office ad | | | | |
| new registered agent and/or the new re | egistered office ad | dress: ida street (| | Florida | |
| new registered agent and/or the new re Name of New Registered Agent: | egistered office ad | dress: ida street (| | | |
| new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: ew Registered Agent's Signature, if chan | (City) | dress: ida street d | address) | Florida (Zip Code) | |
| new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: lew Registered Agent's Signature, if chan | (City) | dress: ida street d | address) | Florida (Zip Code) | |
| Name of New Registered Agent: | (City) | dress: ida street d | address) | Florida (Zip Code) | |

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Type of Action** Address Title . <u>Name</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

| The date of each amendmen | it(s) adoption: JULY 23, 2010 |
|-------------------------------|--|
| Effective date if applicable: | JULY 23, 2010 (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| • | |
| Adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| must be separately provid | ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s): |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval |
| - by | |
| | (voting group) |
| ☐ The amendment(s) was/we | ere adopted by the board of directors without shareholder action and shareholder |
| action was not required. | |
| The amount (a) amount (b) | and a desired by the impoundance without abandoned an action and abandoned |
| action was not required. | ere adopted by the incorporators without shareholder action and shareholder |
| 1 | |
| Dated | 7-23-2010 |
| Dated | |
| Signature _ | Wilton Alan Baners J. |
| | y a director, president or other officer – if directors or officers have not been |
| | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| ۳۲۱ | somed reducing by that reducing, |
| • | W. GLEN BOWERS |
| | (Typed or printed name of person signing) |
| | |
| | PRESIDENT |
| | (Title of person signing) |