Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H17000325114 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

R. WHITE

DEC 13 2017

Account Name

: CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bill@activatemylicense.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN HOME GUARD EXTERIORS, INC.

Certificate of Status 0 Certified Copy 0 Page Count 05 Estimated Charge \$35.00

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Corporate Filing Menu

Help

(((H170003251143)))

From: Bill Moore

Fax: (813) 932-5244

To:

Fax: (850) 517-6380

Page 2 of 5 12/12/2017 11:06 AM

COVER LETTER

(((H170003251143)))

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	HOME GUARI	EXTERIORS,	INC.		
DOCUMENT NUMBER:		F	P08000069276			
The enclosed Artic	cles of Amendment and fee	are submitted fo	or filing.			
Please return all co	orrespondence concerning the	is matter to the	following:			
			BILL MOORE			
		Name of Contact P	erson			
	CONTRACTOR	•	SERVICE, IN	c		
		Firm/ Company	y			
	137	5 N Nebras	ka Ave			
		Address				
		ampa, FL 3				
	1	City/ State and Zip	Code			
	INFO@ACT] E-mail address: (to be us	VATEMYLICED ed for future annua				
For further inform	ation concerning this matter	, please call:				
	BILL MOORE	at	(813) 932	-5244		
Name	e of Contact Person	Are	a Code & Daytime To	lephone Number		
Enclosed is a chec	k for the following amount	nade payable te	the Florida Depar	rtment of State;		
S \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certified		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Street Ac	Idress ent Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327		Clifton B				
Tallahasse	e, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			
		ranass	cc, rl 32301			

			A ricles of Amone	Iment	Page 3, of 5 12/12/2017 11.	
			fo	(1	(H17000325114 3)))	
			Articles of Incorpu	radanDEC 12	AH 8: 58	
			of	Strains		
		HOM	E GUARD EXTERI			
	(Name of C	orpor <u>atic</u>	on as currently filed w	ith the Florida	Dept. of State)	-
	P08000069276					
		(Doci	ument Number of Corp	oration (if know	n)	-
	he provisions of section) to its Articles of Inco		06, Florida Statutes, t	his <i>Florida Pro</i>	fit Corporation adopt	ts the follow
A. If amendi	ing name, enter the n	ew name	of the corporation:			
	TEMPO	O AC 8	REFRIGERATION	N, INC		The new
abbreviation	"Corp.," "Inc.," or C	Co.," or th	the word "corporat he designation "Corp," rofessional association	" "Inc," or "Co	". A professional co	
B. Enter nev	v principal office add	ress, if ap	plicable:			
	fice address <u>MUST BI</u>					
			1			
	w mailing address, if address <u>MAY BE A P</u> e					
(Mailing	address <u>MAY BE A P</u>	OST OFF	<u>TCE BON</u>)	ress in Florida,	enter the name of th	e
(Mailing of	address <u>MAY BE A Pe</u> ing the registered age	OST OFF nt and/or			enter the name of th	<u>e</u>
(Mailing of D. If amendinew regis	address <u>MAY BE A Pe</u> ing the registered age	OST OFF nt and/or e new reg	TCE BON) registered office add		enter the name of th	<u>e</u>
(Mailing of D. If amendinew regis	ing the registered age	OST OFF nt and/or e new reg	TCE BON) registered office add		enter the name of th	<u>e</u>
D. If amendinew regis	ing the registered age	ost off ont and/or e new reg	TCE BON) registered office add gistered office address		enter the name of th	<u>e</u>
D. If amendinew regis	ing the registered age itered agent and/or the	ost off ont and/or e new reg	TCE BON) registered office add gistered office address	<u>:</u>		<u>e</u>
D. If amendinew regis	ing the registered age itered agent and/or the	ost off ont and/or e new reg	TCE BON) registered office add gistered office address	reet address)	enter the name of th , Florida, (Zip Code)	<u>e</u>
D. If amendinew register Name	ing the registered age itered agent and/or th e of New Registered Ag Registered Office Addre	nt and/or e new reg ent:	registered office add gistered office address (Florida s. (City)	reet address)	, Florida	<u>e</u>
D. If amendinew register Name New Register	ing the registered age tered agent and/or th e of New Registered Ag Registered Office Addre	nt and/or e new reg ent:	TCE BON) registered office add gistered office address (Florida s.	reet address)	, Florida (Zip Code)	
D. If amendinew register Name New Register	ing the registered age tered agent and/or th e of New Registered Ag Registered Office Addre	nt and/or e new reg ent:	registered office add gistered office address (Florida s. (City)	reet address)	, Florida (Zip Code)	

Page 1 of 3

		ch Officer and/or Director being added:	(((H1700032511
(Attach add	litional sheets, if necessary)		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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			Add
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From: Bill Mo	Pole Fax: (813) 932-5244	TFo:	Fax: W 850, 617-6380	Page 5 of 5 12/11	2/2017 11:06 AM GE	01/02
				•	(((H17000325	5114 3)))
	The date of each amendment			<u>;</u>		•
	Effective date if applicable:		ate of adoption is required)			
		(no more than 90 day	vs after amendment file date)	:		
	Adoption of Amendment(s)	(CHECK	(ONE)	:		
	The amendment(s) was/wer by the shareholders was/we	e adopted by the share re sufficient for appro	cholders. The number of votes	cast for the amen	dment(s)	
	The amendment(s) was/wer must be separately provided	e approved by the sha for each voting group	reholders through voting group p entitled to vote separately on	os. The following , the amendment(s,	statement):	
	"The number of votes of	ast for the amendmen	t(s) was/were sufficient for app	proval		
	by		• •			
	1	(voting group)	· · · · · · · · · · · · · · · · · · ·			
	The amendment(s) was/were action was not required.	adopted by the board	f of directors without sharehold	der action and shar	rehold er	•
	The amendment(s) was/were action was not required.	adopted by the incorp	porators without shareholder a	ction and sharehol	d er	
	Dated 12/1	1/2017		:		
		fam El	Cu-			
	← sc ie¢	Afrector, president or led, by an incorporator nted fiduciary by that	other officer – if directors or of r – if in the hands of a receiver fiduciary)	officers have not be, trustee; or other of	court	
	•		JAMES R REEVES	:		
•		(Typed or	printed name of person signing	g)		
			PRESIDENT	:		
		(Title of perso	n signing)			

3)))