P1000022333

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Eskimo 24 Ho	our Air Conditioning	& Refrigeration, Inc.
DOCUMENT NUMBER: P1000002233		
The enclosed Articles of Amendment and fee are sul		
Please return all correspondence concerning this mat	tter to the following:	
Emily Rodriguez		
	Name of Contact Persor	1
Eskimo 24 Hour A	Air Conditioning	& Refrigeration, Inc.
	Firm/ Company	
3125 Fortune Wa	y, Suite 14	
	Address	
Wellington, Florid	a 33414	
	City/ State and Zip Code	3
erodriguez@air24hou	ur.com	
·	ed for future annual report	notification)
For further information concerning this matter, pleas		0.40 7000
Emily Rodriguez	at (561	_,210-7283
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation a	s currently filed with the	Florida Dept. of State)	[10 I
P10000022333			130
(Documen	t Number of Corporation	(if known)	88 7
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Corporation</i> adopts	the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		7 70
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation	The new I" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3125 Fortune Way	
		Suite 14	
		Wellington, Florida	33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3125 Fortune Way	
		Suite 14	
		Wellington, Florida	33414
D. If amending the registered agent an new registered agent and/or the new			the
Name of New Registered Agent			
	3125 Fortune		
New Registered Office Address:	Wellington	street address) , Florida_334	114
<u>ivew kegisterea Office Adaress:</u>	(Ci	, ridida	Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Example: 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>	Name	<u>Addres</u> s
1) Change		N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
<u> </u>	
F. If an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) a	doption: 10-1-2012
Effective date <u>if applicable</u> : 10)-1-2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
-	(voting group)
action was not required. The amendment(s) was/were ad	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required. Dated Octob	er 12, 2012
Signature	director, president or other officer – if directors or officers have not been
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Damian Carrera
	(Typed or printed name of person signing)
	President
	(Title of person signing)