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.

(((H14000198297 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

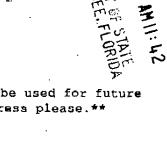
Account Name : RC TAX SERVICE LLC

Account Number : 120140000083

Phone : (407) 932-0040

Fax Number

: (407) 520-5473



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

COR AMND/RESTATE/CORRECT OR O/D RESIGN UNIVERSAL A/C INC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

H140001982973

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: UNIVERS	SAL A/C INC	
DOCUMENT NUMBER: P10000090		
DOCOMENT NOMBER.		 ,
The enclosed Articles of Amendment and fee are st	·	
Please return all correspondence concerning this ma	atter to the following:	
W	ILLIAM RIVER	Α
1.18.11	Name of Contact Person	\ <u>\</u>
UNI	VERSAL A/C II	<u>VC</u>
106	BLUE INDIGO	СТ
	Address	
KISSI	MMEE, FL 3474	13-6114
	City/ State and Zip Code	. '
	ALACINC@GM	
R-mail address: (to be u	sed for future annual report no	tification)
For further information concerning this matter, plea	se call:	
WILLIAM RIVERA	_{at} 407	5564033
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Departs	ment of State:
■ \$35 Filing Fee	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Ad	Idress ent Section
Division of Corporations	Division of	of Corporations
P.O. Box 6327 Tallahassee, FL 32314		uilding cutive Center Circle ee, FL 32301

H 140001982973

2014 AUG 22 AM 11: 42

Articles of Amendment Articles of Incorporation

UNIVERSAL A/C INC

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

(Document Number of Corporation (if known)

mendment(s) to

N/A			
ame must be distinguishable and con 'Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A profession	
. Enter new principal office address,	if annlicable:	106 BLUE INDIGO CT	
Principal office address MUST BE AS		KISSIMMEE	, FL 34743-6114
			•
Enter new mailing address, if applicable:		106 BLUE INDIGO CT	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOA	KISSIMMEE, FL 34743-6114	
			·
·			
 If amending the registered agent an new registered agent and/or the new 	d/or registered office address:	is in Florida, ent	er the name of the
Name of New Registered Agent	WILLIAM RIVERA	·	•
THATE OF THE TAXABLE OF TAXABLE	106 BLUE INC	IGO CT	
	(Florida stree	t address)	
New Registered Office Address:	KISSIMMEE		Plorida 34743-6114
	(City)	5. 4	(Zip Code)

Signature of New Registered Agent, if changing

H140001982973

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 be	ng 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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u> </u>	Sally Smith	·
Type of Action (Check One)	<u>'Title</u>	<u>Name</u>	Address
1) Change	Р	WILLIAM RIVERA	106 BLUE INDIGO CT
Add Remove	,		KISSIMMEE, FL 34743-611
2) Change	VP	WILFREDO RIVERA	106 BLUE INDIGO CT
Add Remove			KISSIMMEE, FL 34743-611
3) Change	Р	JOHANIS RIVERA	2900 ARIEL AVE
Add			KISSIMMEE, FL 34743
Remove		·. ·	
4) Change			
Add Remove			
5) Change		· ·	
Add			
6) Change			
Add .			
Remove			

NONE	ets, if necessary). (Be specif	,		
,	,	·		
	·	•	•	
			•	
	· · ·		• •	
*				
*		•		
■.	<u>.</u>			
				•
		W - • • •		
	•			
		•		
				
		·		
		ssification, or cancellation	of issued shares.	
F. If an amendment pr	ovides for an exchange, recla			
provisions for impl	oyides for an exchange, recla ementing the amendment if v	ot contained in the amend	lment itself:	
provisions for impl (if not applicable	oyldes for an exchange, recla ementing the amendment if s le, indicate N/A)	not contained in the ameno	lment itself:	
provisions for impl	ementing the amendment if r	not contained in the amend	iment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	lment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	iment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	iment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	iment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	iment itself:	·.
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	Iment itself:	
provisions for impl (if not applicable	ementing the amendment if r	not contained in the amend	iment itself:	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.	·	
Effective date if applicable:	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	·
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	•
Dated 08/22/20)14	
Dateo		•
Signature <u></u>		
(By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
•	WILLIAM RIVERA	•
	(Typed or printed name of person signing)	_
	PRESIDENT	
•	(Title of never timing)	_