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Division of Corporations

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: RC TAX SERVICE LLC

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R. WHITE

MAY 01 2017

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

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: UNIVERSAL A/C	INC	·
DOCUMENT NUMBI	P1000000000		
The enclosed Articles of	FAmendment and fee are su	bmitted for filing.	; ; •
Please return all corresp	ondence concerning this ma	tter to the following:	'j.
	.	95 FEET & T. & S. & FEET FEET A.	•
	· .	WILLIAM RIVERA	·
	. .	Name of Contact Person	0
		UNIVERSAL A/C INC	
<u></u>	į.	Firm/ Company	
	•	187 SANDALWOOD D	R
_	*	Address	
•		KISSIMMEE, FL, 3474	3
_		City/ State and Zip Cod	E
	÷		•
	E mail address (to be we	sed for future annual report	notification)
•	E-Mill Montess. (to be de	od for tales almast report	*
For further information	concerning this matter, pleas	se call:	3 4
WILLIAM RIVERA		at (407	5564033
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Bnclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 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)
Maili	ng Address		Address i
Amendment Section			Iment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

·17 APR 28 AH 8:38

TINT	/ERSAL	. A/C	INC

 ·	or Corporation as curr	ently filed with the Florida Dept. of State)	
0000090261	<u>. </u>		•
	(Document Numb	er of Corporation (if khown)	_
remant to the provisions of section 607 Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corporation adopts the following amend	men
If amending name, enter the new n	ame of the corporation	·	
,	•••	Tha	ew.
me must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	iation "Corp," "Inc," i	ation," "company," or "incorporated" or the abbreviat or "Co". A professional corporation name must contain	ion
Enter new principal office address,	: if:spnlicable:	187 SANDALWOOD DR	
rincipal office address <u>MUST BE A S</u>		KISSIMMEE, FL, 34743	_
			-
	:		- . ,
Enter new mailing address, if appl (Mailing address MAY BE A POST		187 SANDALWOOD DR	
		KISSIMMEE, FL, 34743	
,	,		-
			-
If amending the registered agent ar new registered agent and/or the ne	d/or registered office and	eddress in Florida, enter the name of the	
. Name of New Registered Agent	187 SANDALWOOD	OOD DE	
		a street address)	
	KISSIMMEE	34743	
New Registered Office Address:		(City) , Florida (Zip Code)	- '
	•	•	
w Registered Agent's Signature, if c	hanging Registered Ag	ent:	•
ereby accept the appointment as regist	ered agent. I am famili	ar with and accept the obligations of the position.	
	÷.	:	
	·		

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	PT Jo	ohn Doe		
X Remove	Y M	like Jones		
X Add	<u>SV</u> S	ally Smith		
Type of Action (Check One)	Title	Name		Address
1) X Change	<u>VP</u>	RIVERA, WILFREDO		187 SANDALWOOD DR
Add				KISSIMMEE, FL, 34743
Remove				
2) X Change	P	RIVERA, WILLIAM). 1	187 SANDALWOOD DR
Add			·	KISSIMMEE, FL, 34743
Remove		! .		,
3) X Change	SECRE?	Alba, caroline		187 SANDALWOOD DR
Add		; 4		KISSIMMEE, FL, 34743
Remove				
4) X Change	TREASU	BOYADJIEV, STEFAN		187 SANDALWOOD DR
Add		•		KISSIMMEE, FL, 34743
Remove			<i>i</i> /-	- 11-16
Change			19	e-v dit
5) Change		2'		
Remove		€ .* .*		· · · · · · · · · · · · · · · · · · ·
	·	· ·		
6) Change				
Add				-
Remove				

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exch	ange, reclassification, or	cancellation of issued shares,	
rovisions for implementing the ame	ndment if not contained in	the amendment itself:	•
(if not applicable, indicate N/A)		·.	
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ays Prisas

The date of each amendment(s) a date this document was signed.	ndopdon:	, IX other than t
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	li not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	:
"The number of votes cas	et for the smendment(s) was/were sufficient for approval	
by	19	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
-	. 	
04/21/201 Dated		•
Signature Z		
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	****
	WILLIAM RIVERA	•
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· ·