# P11000004651

(Red	questor's Name)	<u> </u>
(Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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FEB 12 2014 C. CARROTHERS

# **COVER LETTER**

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Division of Corporations
NAME OF CORPORATION: Tempstat Mechanical Corp.  DOCUMENT NUMBER: P1100000 4661
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Caclos Gonzalez Name of Contact Person
Tempstat Mechanical Corp
536 SW 12+H AVE # 200
Miami FL 33130  City/ State and Zip Code
tempstat mechanical Dyahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuan C. Conzale Z at (786) 390 9347  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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

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Tempstat Mechanical Corp  (Name of Corporation as currently filed with the Florida Dept. of State)	
P 11 00 000 40 51 (Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	五500千
(Florida street address)	FEB-6
New Registered Office Address: , Florida (City) , Florida (Zip Code)	PHID: OF STATE
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	IDA IDA
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 <math>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 Add Remove	P	Juan	C. (sonzalez	536 SW 13+h AUE # 303 Miami, FL 3313(
2) Change	7	Derek	A. AWOVEZ	536 SW 1247 Ave A01 #1 202
Remove 3) Change	<u></u>	Elizabel	th F. Alwez	Miami, FL 33130 5316 SSW 12+11 Ave Apt # 202
Add				Mami, Fl 33130
7 Remove  5) Change Add Remove		<del> </del>		
6) Change Add Remove				

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del> </del>	<del></del>
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	<del></del>
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an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	
orovisions for implementing the ame (if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, 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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
(voling group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
DatedSignature	
(By a director, presiden for other officer – if directors or officers have not been	_
selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Λ -	
TUQN (Contact of person signing)	
President	
(Title of person signing)	

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SECRETARY OF STATE
SECRETARY OF STATE