## P1/000028014

| (Re                     | questor's Name)  |             |
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| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number)   |             |
| Certified Copies        | Certificate      | s of Status |
| Special Instructions to | Filing Officer:  |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

|                         | RATION: WGM Mech  |  | r Conditioning, Inc.  |
|-------------------------|---|--|---|
| DOCUMENT NUM            | BER: P1100002801  | 4  |   |
|                         | s of Amendment and fee are su   |  |   |
| Please return all corre | espondence concerning this ma   | utter to the following:  |   |
|                         | Terry P Williams  |  |   |
|                         | Torry T Trimumo   | Name of Contact Person   |   |
|                         | WGM Mechanica   |  |   |
|                         |   | Firm/ Company  |   |
|                         | 4626 Lenox Aver   | nue  |   |
|                         |   | Address  |   |
|                         | Jacksonville, FL  | 32205  |   |
|                         |   | City/ State and Zip Code   |   |
| ter                     | rywilliams2010@h  | notmail com  |   |
|                         |   | sed for future annual report                                       | notification)   |
|                         |   |  |   |
| For further information | on concerning this matter, pleas  |  |   |
| Terry Willian           | าร  | at ( 904   | 238-2018 de & Daytime Telephone Number  |
| Name                    | of Contact Person   | . Area Coo   | de & Daytime Telephone Number   |
| Enclosed is a check for | or the following amount made  | payable to the Florida Depa  | rtment 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) |
| Am<br>Div<br>P.O        | iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314 | Amendi<br>Division<br>Clifton<br>2661 Ex                           | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of

| WGM Mechanical Heating | 8 | Air | Conditioning, | Inc. |
|------------------------|---|-----|---------------|------|
|------------------------|---|-----|---------------|------|

| (Name of Corporation as currently filed with the  | Florida Dept. of State)                                |             |
|---|--|-------------|
| P11000028014  |  |             |
| (Document Number of Corporation   | (if known)   |             |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | s Florida Profit Corporation adopts the following amen | dment(s) to |
| A. If amending name, enter the new name of the corporation:   | •  |             |
|   |  | new         |
| name must be distinguishable and contain the word "corporati<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain     |             |
| B. Enter new principal office address, if applicable:   | 4626 Lenox Avenue                                      |             |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Jacksonville, FL 32205                                 |             |
|   |  |             |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | Post Office Box 37457                                  |             |
|   | Jacksonville, FL 32236-7457                            |             |
|   |  |             |
|   |  |             |

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 | 1 er

Terry P. Williams

15815 Lem Turner Road

(Florida street address)

New Registered Office Address:

Jacksonville

Elorida 32218

(City)

(Zip Code)

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.

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) | Title     | <u>Name</u>       | <u>Addres</u> s        |
| 1) Change                  | Р         | Terry P. Williams | 15815 Lem Turner Road  |
| Add                        |           |                   | Jacksonville, FL 32218 |
| Remove                     |           |                   |                        |
| 2) Change                  | VP        | James Mullis      | 459 Martin Lakes Drive |
| Add Add                    |           |                   | Jacksonville, FL 32220 |
| Remove                     |           |                   |                        |
| 3) Change                  | PST       | Tammy L. Gale     | 4762 Saddlehorn Trail  |
| Add                        |           |                   | Middleburg, FL 32068   |
| Remove                     |           |                   |                        |
| 4) Change                  | VP        | David L. Gale Jr. | 4762 Saddlehorn Trail  |
| Add                        |           |                   | Middleburg, FL 32068   |
| Remove                     |           |                   |                        |
| 5) Change                  |           |                   |                        |
| Add                        |           |                   |                        |
| Remove                     |           |                   |                        |
| 6) Change                  |           |                   |                        |
| Add                        |           |                   |                        |
| Romava                     |           |                   |                        |

| Attach <i>additi</i> | or adding add<br>ional sheets, if i                  | necessary). (  | (Be specific)                      |                 |                                       |                                       |
|----------------------|--|----------------|------------------------------------|-----------------|---------------------------------------|---------------------------------------|
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| provisions f         | ment provides<br>for implementi<br>applicable, indic | ing the amendi | ge, reclassifica<br>ment if not co | ation, or cance | llation of issued<br>amendment itse   | <u>l shares,</u><br>elf <u>:</u>      |
|                      | <del> </del>   |                |                                    |                 |                                       |                                       |
|                      |  |                |                                    |                 |                                       |                                       |
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|                      |  |                | ····                               |                 |                                       |                                       |

| The date of each amendment(s) add date this document was signed.    | ption:   | , if other than the |
|---|--|---------------------|
| Effective date if applicable:                                       | •  |                     |
| Effective date if applicable.                                       | (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                     |
| The amendment(s) was/were adop<br>by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.  |                     |
|   | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):  |                     |
| "The number of votes cast fo  | or the amendment(s) was/were sufficient for approval   |                     |
| by  | (voling group)   |                     |
| action was not required.  The amendment(s) was/were adopt           | ted by the board of directors without shareholder action and shareholder   |                     |
| action was not required.  Dated 01/22/201                           |  |                     |
| (By a dire selected,  | ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary) |                     |
| Т   | erry P. Williams   |                     |
| _   | (Typed or printed name of person signing)  |                     |
| P   | resident   |                     |
|   | (Title of person signing)  |                     |