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.

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To:

Division of Corporations

Fax Number

: (850) 617-6380

From:

Account Name : CHECKMATE
Account Number : I20030000146

Phone : (941)366-1819
Fax Number : (866)582-8258

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

Email Address:_LICENSING@CHECKMATEPLACE.COM

12 JUL 24 PH :

SECRETARY OF STATE

COR AMND/RESTATE/CORRECT OR O/D RESIGN MATTHEW JOHN CALLAHAN, INC.

19 ACKNONLEDGE 10 ACKNONLEDGE SUFFICIENCY OF FILENG

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MATTHEW JOHN CALLAHAN, INC. BOCUMENT NUMBER: P11000075846 The euclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following:	
Name of Contact Person	_
CHECK MATE LICENSING SERVICE	
Firm/ Company 4411 BEE RIDGE RD #257	
SARASOTA, FL 34233	
City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
STALEY at (941) 366.1819	
Name of Contact Person Area Code & Daytime Telephone Nur	aber
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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations Street Address Amendment Section Division of Corporations	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

JOHN CALL

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

P11000075846

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation: A. If amending name, enter the new name of the corporation: HIGH VELOCITY HEATING & AIR CONDITIONING. INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 620 WEST EVERGREEN CT. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LONGWOOD, FL 32750 C. Enter new mailing address, if applicable: SAME AS OFFICE (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 (Florida street address) New Registered Office Address: Florida (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)

Fm:Check Mate

Example:

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.

X Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jos	<u>ies</u>			
X Add	<u>sv</u>	Sally Sm	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			Address
1) Change Add Remove	S/TF		LEINDA (CALLAHAN		135 N.E. 2nd ST SATELITE BEACH FL 32937
2) Change Add Remove		_			•	
3) Change Add Remove		_			•	
4) Change Add Remove		_				
5) Change Add Remove		_				
6) Change Add	· .	-		·		

If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c (if not applicable, indicate N/A)	iration			
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MATTHEW J. CALLAHAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)