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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORP	ORATION: Air Conditioning &	Electric Energy, Inc.	
DOCUMENT NUM	P11000107617		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	Scott Studer		
		Name of Contact Person	I
		Firm/ Company	
	4193 Bellewood St		
		Address	
	Palm Beach Gardens FL 3341	0	
		City/ State and Zip Code	:
	scott@thestuders.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	tion concerning this matter, pleas	e call:	
Scott Studer		at (644-6180
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation οf

Air Conditioning & Electric Energy, Inc.			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P11000107617			
(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 follow	ing amendment(s) to	
A. If amending name, enter the new name of the corporation:			
A/C and Electric Service, Inc.		The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must cont		
B. Enter new principal office address, if applicable:	9398 Bellewood Street		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Palm Beach Gardens		
	FL 33410		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4193 Arbor Way	0	
	Palm Beach Gardens		
	FL 33410	· (2)	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		FR III	
Name of New Registered Agent		L L	
	<i>(5)</i>	-, ro	
(Florida s	treet address)	_	
New Registered Office Address:	, Florida		
	(City) (Zi)	p Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian		1.	
Signature of New	Registered Agent, if changing	_	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

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)

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	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)	ige(s) here:			
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an amendment provides for an exc rovisions for implementing the am	<u>hange, reclassifi</u> endment if not c	cation, or cand contained in th	<u>ellation of issue</u> e amendment it	<u>ed shares,</u> self:	
(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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 east for the amendment(s) was/were sufficient for approval (voting group) July 23, 2024 Dated Signature (By a director, president or 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)

(Title of person signing).

Scott Studer (Typed or printed name of person signing) Pres

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TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: Air Conditioning &	Electric Energy, Inc.				
DOCUMENT NUMI	P11000107617					
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		Address	······································			
	Palm Beach Gardens FL 33410					
		City/ State and Zip Cod	e			
	scott@thestuders.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
Scott Studer		at (⁵⁶¹				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)			
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			