## P120000 10525

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	TIAW [	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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D SCOTT
JUN 1 7 2019



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2019

MATTHEW MCGINLEY 1532 US HWY 41 BY-PASS #298 VENICE, FL 34293

SUBJECT: FRESH AIR SOLUTIONS INC.

Ref. Number: P12000010525

We have received your document for FRESH AIR SOLUTIONS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a CORP. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 319A00010588

RECEIVED
JUN 1 2 2019

## **COVER LETTER**

**TO**: Amendment Section Division of Corporations

NAME OF CORPORATE	ON: Fresh	Air Solutions INC	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	P12000010	525	
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	 
	Motthew	Mc G:n ley Name of Contact Person	
		Name of Contact Persor	3.
		Firm/ Company	Inc.
15	572 US HW-	41 By - 1255 Address	F 298
	lunice, fl	34293 City/ State and Zip Code	
For further information con-	cerning this matter, plea		
Mary Kew /	atout Darran	at ( <u>941</u>	de & Daytime Telephone Number
Enclosed is a check for the			
□ \$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)
Division o P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address unent Section on of Corporations Building xecutive Center Circle
		Tallaha	issee, FL 32301

## Articles of Amendment to Articles of Incorporation of

		( <u>Name of</u>	Corporation as current	ly filed with the Florida Dept. of State)
Fresh	ATA	Solutions	INC	112000010525 - 1
			(Document Number of	of Corporation (if known)
arsuant to the p Articles of Inc			006, Florida Statutes, this	Florida Profit Corporation adopts the following amend
If amanding	D-1-Din	antar the new nar	ne of the corporation:	٠. ٠.
n amenumg	name,	enter the new man	ne of the corporation.	
				The 1
Corp., " "Inc.,"	" or Co	" or the designa		on," "company," or "incorporated" or the abbrevial "Co". A professional corporation name must contain "P.A."
	Enter new principal office address, if applicable:		Facestian blac	2389 E. Venice Ave # 120
Principal office address <u>MUST BE A STF</u>				
Principal office	addres			2389 E. Venice Are # 120 Vanice, FL 34292
Principal office	addres			Varice, FL 34292
		IS <u>MUST BE A ST</u>	REET ADDRESS )	Varice, FL 34292
. Enter new i	mailing	address, if applic	REET ADDRESS ) able:	Varice, FL 34292
. Enter new i	mailing	IS <u>MUST BE A ST</u>	REET ADDRESS ) able:	Varice, FL 34292
Enter new 1	mailing	address, if applic	REET ADDRESS ) able:	Varice, FL 34292
Enter new 1	mailing	address, if applic	REET ADDRESS ) able:	Varice, FL 34292
Enter new 1	mailing Iress <u>M</u>	address, if applic	REET ADDRESS )  able: FFICE BOX)	
Enter new i	mailing dress <u>M</u> the rej	address, if applic AY BE A POST O	REET ADDRESS )  able: FFICE BOX)	ress in Florida, enter the name of the
Enter new 1 (Mailing add)  If amending new register	mailing lress <u>M</u> the reg red age	address, if applic AYBE A POST O	REET ADDRESS )  able: FFICE BOX)	ress in Florida, enter the name of the
Enter new 1 (Mailing add)  If amending new register	mailing lress <u>M</u> the reg red age	address, if applic AY BE A POST O	able: FFICE BOX)  Vor registered office addresses addresses	ress in Florida, enter the name of the
Enter new 1 (Mailing add)  If amending new register	mailing lress <u>M</u> the reg red age	address, if applic AYBE A POST O	able: FFICE BOX)  Nor registered office addresses addres	ress in Florida, enter the name of the s:  AJZ # 120
Enter new 1 (Mailing add)  If amending new register	mailing lress <u>M</u> the reg red age	address, if applic AYBE A POST O	able: FFICE BOX)  Nor registered office addressed office	ress in Florida, enter the name of the S:  AJC # 120 reet address)
Enter new 1 (Mailing add)  If amending new register	mailing Iress <u>M</u> the res red age	address, if applic AYBE A POST O	able: FFICE BOX)  Nor registered office addresses addres	ress in Florida, enter the name of the s:  AJZ # 120

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 Dog	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	Address
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			<del></del>
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del>-</del>		
Add			
Remove			
5) Change			
Add			west.
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Trialer and form offices, if he consulty, the specifics	
<del></del>	
	<b>=</b>
	<u> </u>
	#
	<del></del>
If an amendment provides for an exchange, reclassification, or cancellation of	issued shares,
provisions for implementing the amendment if not contained in the amendment	ent itself:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption:	, if other than the
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 dat document's effective date on the Department of State's records.	e will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nı
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	ī.
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.  Dated  6.7-19  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 cour appointed fiduciary by that fiduciary)  Method Miginaly  (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Diecotor	
(Title of person signing)	

the