

From: Bill Moore  
11/13/2014

Fax: (813) 932-5244

PG: 5 (850) 617-6380  
Division of Corporations

Page 3 of 7 12/05/2014 4:01

H14000264895 3

**P12000104075**

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

**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.**

((H14000264895 3)))



H140002648953ABCG

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

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

Email Address: bill@activatemyllicense.com

### COR AMND/RESTATE/CORRECT OR O/D RESIGN TIM WINSTON A/C & HEAT, INC

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

H14000264895 3

Electronic Filing Menu

Corporate Filing Menu

Help

CRM  
12-8-14

850-817-6381  
From: Bill Moore

To: (813) 965-5244

11/14/2014

To:

10:21:48 AM

DATE

1/10/1

Fax Server

Page 2 of 7 12/05/2014 4:01

P12000104075



November 14, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TIM WINSTON A/C & HEAT, INC  
19208 BLOUNT RD  
LUTZ, FL 33558US

SUBJECT: TIM WINSTON A/C & HEAT, INC  
REF: P12000104075

RECEIVED  
14 DEC -5 7:12:03

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

FAX Aud. #: H14000264895  
Letter Number: 914A00024245

RECEIVED  
14 DEC -5 PM 4:32

P.O BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

H14000264895 3

NAME OF CORPORATION: TIM WINSTON A/C & HEAT, INC

DOCUMENT NUMBER: P12000104075

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BILL MOORE

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

14 DEC -5 PM 12:03  
RECEIVED

For further information concerning this matter, please call:

BILL MOORE

at

(813) 932-5244

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

☐ \$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)

**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

H14000264895 3

**P12000104075**

Articles of Amendment  
to  
Articles of Incorporation  
of

TIM WINSTON A/C & HEAT, INC

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

P12000104075

(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:

A/C SPECIALISTS OF TAMPA BAY, INC.

*The new 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."*

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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(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

14 DEC -3 PM 12:04

P12000104075

**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)*

H14000264895 3

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*


**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*


The date of each amendment(s) adoption: 11/13/2014

(date of adoption is required)

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 \_\_\_\_\_."

(voting 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.

Dated 11/13/2014

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)

TIMOTHY D WINSTON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)