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To:	158 To 1
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From:	ු _{රු} න
Account Name : ACCOUNTING REVENUE SERVICE, INC. Account Number : I20110000041 Phone : (305)887-8730 Fax Number : (305)887-8744	4
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:	S TALLENT JAN 1 0 2018
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COR AMND/RESTATE/CORRECT OR O/D RESIGN	-
DELABAT SERVICE, CORP	

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	0144013	
NAME OF CORRO	DATION DEL	ADAT OFFICIAL A A
NAME OF CORPO	KATION: DEC	ABAT SERVICE CORP
DOCUMENT NUM	BER:P1;	3000007983
The enclosed Articles	of Amendment and fe	ee are submitted for filing.
Please return all corre	spondence concerning	g this matter to the following:
•		CAMILO DELABAT
		Name of Contact Person
	DEL	ABAT AIR CONDITIONING SERVICE CORP
	- 	Firm/ Company
		8611 NW 35 CT
		Address
	_	MIAMI, FL 33147
		City/ State and Zip Code
	E-mail address: (to be used for future annual report notification)
	(to the discussion future annual (eport nontication)
For further information	concerning this matte	er, please call:
		at(
Name o	f Contact Person	at () Area Code & Daytime Telephone Number
inclosed is a check for	the following amount	made payable to the Florida Department of State:
35 Filing Fee	□\$43.75 Filing For Certificate of St	tet & S43.75 Filing Fee & S52.50 Filing Fee tatus Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
<u>Maih</u>	ng Address	Street Address
, Amen	dment Section	Amendment Section

(((H18000010760-3)))

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation of

	DELABAT SERVICE, CORP	•		
(Name of Corpora	tion as currently filed with the Florida	Dept. of State)	
	P13000007983			
(Docu	iment Number of Corporation (if known)			
Pursuant to the provisions of section 507.1006, Florists Articles of Incorporation:	ca Statutes, this Florida Profit Corporation	n adopts the f	ollowing amen	dment(:
A. If amending name, enter the new name of the	corporation:	!		
DELABAT AIR CONDITIONING SERV	ICE CORP			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association," or the	e abbreviation "P.A."	orporated" or poration name	The the abbrevia must contain	tion the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	DRECCY			. <u></u>
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	> Y1	'	771C)	<u> </u>
	<u> </u>	,		
				-
			, <u>B</u> R	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the n office address:	ame of the		- .
Name of New Registered Agent		1	•	
		İ		
	(Florida street address)	<u> </u>	· ·	
New Registered Office Address:		ļ 1		
ren negoierea Office Adaress:	(City)	, Florida	77: C 11	-
	(3)		(Zip Code)	
lew Registered Agent's Signature, if changing Reginereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligatio	ons of the posi	tion,	٠
•		, 		
Signe	Thirty of New Projection of Local 15		·	
Signo	nture of New Registered Agent, if changing	1		

Page 1 of 4

If amending the Officers address of each Officers (Attach additional sheets, Please note the officer/dir P = President; V = Vice Executive Officer; CFO = held. President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove, Example:	if neces: rector title Presiden Chief The Director The forest the converted the conver	orector (sary) le by the t; T= Tre Financia or would flowing to orporation	heing added: first letter of the office tasurer; S— Secretary Officer. If an office be PTD. nanner. Currently Joi on, Sally Smith is nam	title: ; D= Director: TR r/director holds m hn Doe is listed as	R= Trus ore than the PSI	tee; C = Ch	airman or (list the first !	Clerk: CEC letter of ed) = Chief ach office
X Change	PT	John D	<u>oe</u>						
X Remove	<u>v</u>	Mike Jo	Mike Jones						
<u>:X</u> Add	<u>sv</u>	Sally S	<u>mith</u>						
Type of Action (Check One)	Title		Name		1	<u>Addres</u> s	I		
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Page 3 of 4

The date of each amendment(s) adoption:	المناد المناطقة
date this document was signed.	, 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 date we document's effective date on the Department of State's records.	ill 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 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 1/9/2018	:
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)	
CAMILO DELABAT	· ·
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

Page 4 of 4