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.

(((H24000275287 3)))



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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: \_\_info@activatemylicense.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN VATEKTON MECHANICAL INC

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0
06
\$35.00

Electronic Filing Menu Corporate Filing Menu

From: Janine ' Fax: +18139325244 To: DIV OF CORPS - INC Fax: +18506176380

Page: 3 of 7 08/20/2024 8:58 AM

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## **COVER LETTER**

TO:	Amenament Section
	Division of Corporations

NAME OF CORPORATION	ON:	ATEKTON MECHANI	CAL INC
DOCUMENT NUMBER:		P13000028433	
The enclosed Articles of Am	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
		AMANDA JOHNS	
		Name of Contact Perso.	n
	CONTRACTO	RS REPORTING SE	RVICE, INC
		Firm/ Company	<del></del>
	13	795 N Nebraska	Ave
		Address	
		Tampa, FL 3361	3
		City/ State and Zip Cod	c
	info@a	ctivatemylicens	se.com
E	-mail address: (to be us	sed for future annual report	notification)
For further information conc	crning this matter, pleas	se call:	
AMAND	A JOHNS	8	313-932-5244
Name of Con	tact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount made	payable to the Florida Dep	artment of State:
₹1 \$35 Filing Fee □	]\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A			Address
Amendmer Division of	it Section Corporations		lment Section on of Corporations
P.O. Box 6	•		entre of Tallahassee
	e, FL 32314		N. Monroe Street, Suite 810
			issee, FL 32303

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08/20/2024 8:58 AM

## Articles of Amendment ion

to
Articles of Incorporation
of

VATEKTON MECHANICAL INC			
(Name of Corporation :	as currently filed with the Flo	rida Dept. of State)	<u> </u>
P13000028433			
(Document	t Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corp.	oration adopts the followin	g amendment(s) t
A. If amending name, enter the new name of the corpo	oration:		
VATEKTON GROUP INC			The new
name must be distinguishable and contain the word "corpo" "Inc" or Co.," or the designation "Corp." "Inc.," or "chartered." "professional association," or the abbrevia	r "Co". A professional corp	porated" or the abbreviation name must contain -	on "Corp"
B. Enter new principal office address, if applicable:			<del></del>
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(355</u> )		, <del>-</del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			` 74)
(Maning Bouress MAT DE AT OUT OF THEE BOX)	<del></del>	<del></del>	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi  Name of New Registered Agent		r the name of the	-
	(Florida street address)		-
N D 11 10TO 111	(1-10-1-11-11-11-11-11-11-11-11-11-11-11-	<b></b>	
New Registered Office Address:	(City)	, Florida	Code)
	•	. ,	•
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accept the c	obligations of the position.	
Signatur	e of New Registered Agent, if ci	hanging	-
_	The state of the s	o	
Theck if applicable			

From: Jahine

Fax: +18139325244

To: DIV OF CORPS - INC

Fax: +18506176380

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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>T'1</u>	<u>John Do</u>	<u>oc</u>		
X Remove	V	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name	Address	
I) Change		<u> </u>			2025/
Add					
Remove					,
2) Change		_			
Add					1
Remove 3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					<del></del> -
Add					<del></del> -
Remove					<del></del>
6) Change		_			
Add					
Remove					

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Attach additional sheets, if necessary). (Be specific)		
	<del>-</del>	Zu Z
	-	<u>;                                    </u>
		•
	<u></u>	
		<u>-</u>
f an amendment provides for an exchange, reclassification, or cancellation of issued share	PS.	
provisions for implementing the amendment if not contained in the amendment itself:	<b>-</b>	
(if not applicable, indicate N/A)		
	<del></del>	

35igii Elivelope ID: 3364A653-0667-4A7E-92	127-18099B2DCB06	H24000275287 3
The date of each amendment(s) adoption this document was signed.	otion;	, if other than th
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing requirements, the truent of State's records.	his date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were adopte action was not required.	ed by the incorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendation for approval.	
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through voting groups. The following so th voting group entitled to vote separately on the amendment(s)	tatement 2022
	the amendment(s) was/were sufficient for approval	`
by	(voting group)	
	(voting group)	
Dated 06/26/2024		 10
Signature (By a direc selected, b	tor, president or other absence of a receiver, trustee, or other fiduciary by that fiduciary)	
	JUAN VAZQUEZ	
	(Typed or printed name of person signing)	
	CEO	

(Title of person signing)

Fax: +18506176380

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From: Janine ' Fax: +18139325244 To: DIV OF CORPS + INC

Occusign Envelope ID: 3364A653-08D7-4A7E-9227-18099B5DCB06