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SECRETARY OF STATE



### COVER LETTE!

Division of Corporations
NAME OF CORPORATION: HVAC Curbs Inc.  DOCUMENT NUMBER: P13 0000 44271
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anne T Hunter Name of Contact Person
HVAC Curbs Inc
6227 147th AVN Ste B
Clearwater FL 33760
City/ State and Zip Code  NUCLING VENIZON. NET  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anne Titunter at (727) 532 4822  Name of Contact Person at (727) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status  □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

#### Mailing Address

TO: Amendment Section

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

#### Articles of Amendment to Articles of Incorporation

οf

HVAC Curbs Inc		
(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P13000044271		
(Document Number of Corporation (if I	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	; amendment(s)
A. If amending name, enter the new name of the corporation:		
HVAC INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "C word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must c	bbreviation
B. Enter new principal office address, if applicable:	NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable:	A / A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the	
new registered agent and/or the new registered office address:	35 IN 1 AN IOU, EINET THE HAIRE OF THE	
Name of New Registered Agent	NA	
(Florida stree	1 address)	
New Registered Office Address;	NA Florida	
(City)	(Zip Code)	
No. Declarate at the state of t		
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.	20
	NA 55	
Signature of New Registered Ag	ent, if changing	
	¢ · 、	-

## 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 <math>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	<u>PT</u>	John De	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>SV</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) MA Change		_			
Add Remove					
2) MA Change				 -	
Add				-	
Remove 3) Change		_			
Add Remove				•	
4) MA Change		<del></del>		 -	
Add Remove				•	
5) NA Change		_			
Add				-	
6) NAChange		<u> </u>		_	
Add				-	
Remove					

	sheets, if necessary). (Be specific)
	N A
	IV / L
-	
-	
	· · · · · · · · · · · · · · · · · · ·
an amendment	t provides for an exchange, reclassification, or cancellation of issued shares,
rovisions for in	mplementing the amendment if not contained in the amendment itself:
(if not applie	cable. indicate N/A)
	iv ( 1
	NA.
-	

The date of each amendment(s) ad	doption: <u>6/18/13</u>
Effective date <u>if applicable</u> :	6/18/13
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	proved by the shareholders through voting groups. The following statement 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
by	
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated6	-18-13
Signature (By a di selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)
/	Anne T Hunter (Typed or printed name of person signing)
	VP
-	(Title of person signing)