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.

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H140001155003ABCR

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042

Fax Number

: (941)706-2336 : (866)473-0571

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

Email	Address:	robin@needfloridalicense.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN HENSON MECHANICAL INC

Certificate of Status	0
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Fax: +18506176380

Page 3 of B 05/14/2014 7:12

COVER LETTER

TO: Amendment Section Division of Corporation	•						
NAME OF CORPOR	ATION:	HENSON MECHANICA	AL, INC.				
DOCUMENT NUMB	EK:	P14000024386					
The enclosed Articles of	f Amendment and fee are st	ubmitted for filing.					
Please return all corresp	ondence concerning this ma	tter to the following:					
	ROBIN O'CONNOR						
•	Name of Contact Person						
	LICENSE EXAM SERVICES, LLC						
-		Firm/ Company					
		4713 WEBBER ST					
<u></u>		Address					
		SARASOTA, FL 3423	2				
•	City/ State and Zip Code						
	ROBIN@NEEDFLORIDALICENSE.COM						
	E-mail address: (to be u	sed for future annual report	notification)				
For further information	concerning this matter, plea	se call:					
RC	BIN O'CONNOR	941 at (708-2336				
Name of	Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Plorida Depa	irtment of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	### S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address			Address ment Section				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPHUYEL AND Page 5 of \$ 050 12014 7:12

From: Robin O'Connor

Fax: (866) 473-0571

To: +18506176380

Fax: +18506176380

14 MAY 15 AM 8: 48

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

of HENSON MECHANICAL, INC. (Name of Corporation as currently flied with the Florida Dept. of State) P14000024386 (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. Hamending name, enter the new name of the corporation: 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." 927 NW 31ST AVE D. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH, FL 33069 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the resistered 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 Agent's Signature, if changing Registered Agent:

Page 1 of 4

gnature of New Registered Agent, If changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Fax: (866) 473-0571

Fax: +18506176380

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	PT	John Do	O c	
X Remove	¥	Mike Jo	nes	
_X Add	SV	Sally St	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		·		
Remove				
2) Change			**************************************	
Add Remove				
3) Change		-		
Add Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change		-		
Add				
Remove				

To: +18506176380

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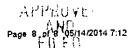
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From: Robin O'Connor

Fax: (866) 473-0571

To: +18506176380

Fax: +18506176380



14 MAY 15 AM 8: 49

The date of each	amendment(s) adoption:	05/08/2014	SECRETARY OF SHIF other than the
date this docume			TALLAHASSEE, FLORIDA
Effective date if	applicable: 5-15-1	4	
· · · · · •	(no	more than 90 days after amendment	file date)
Ade on of Am	ondment(s) (CHECK	ONE)	
by the shareh	ont(s) was/were adopted by the sharel olders was/were sufficient for approv	colders. The number of votes cast for al.	r the amendment(s)
	ent(s) was/were approved by the share rately provided for each voting group		
"The nu	mber of votes east for the amendmen	t(s) was/were sufficient for approval	
by	· (voting gr	· ·	75
action was no	ent(s) was/were adopted by the incorp		
	Dated05/08/2014		•
		or other officer – if directors or office for – If in the hands of a receiver, trus at fiduciary)	
		THOMAS S KITCHENS	
		(Typed or printed name of person sig	gning)
		PRESIDENT	
		(Title of person signing)	