

From: Robin Connor
5/14/2014

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Division of Corporations

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.

(((H14000115500 3)))



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To:

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

From:

Account Name : LICENSE EXAM SERVICES
Account Number : I201200000042
Phone : (941) 706-2336
Fax Number : (866) 473-0571

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AND
FILED
14 MAY 15 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

C. LEWIS
MAY 16 2014
EXAMINER

RECEIVED
14 MAY 15 AM 7:58
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HENSON MECHANICAL, INC.

DOCUMENT NUMBER: P14000024386

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

Please return all correspondence concerning this matter to the following:

ROBIN O'CONNOR

Name of Contact Person

LICENSE EXAM SERVICES, LLC

Firm/ Company

4713 WEBBER ST

Address

SARASOTA, FL 34232

City/ State and Zip Code

ROBIN@NEEDFLORIDALICENSE.COM

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

For further information concerning this matter, please call:

ROBIN O'CONNOR

at (

941

708-2336

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

APPROVED
AND
FILED

14 MAY 15 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDAArticles of Amendment
to
Articles of Incorporation
of

HENSON MECHANICAL, INC.

(Name of Corporation as currently filed 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. If amending 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."

B. Enter new principal office address, if applicable:(Principal office address MUST BE A STREET ADDRESS)

927 NW 31ST AVE

POMPANO BEACH, FL 33069

C. Enter new mailing address, if applicable:(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 244

Gord Hope, GA 30641

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

Shelly Deanna

927 NW 31ST AVE.

(Florida street address)

New Registered Office Address:

Pompano Beach

(City)

Florida

33069

(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.

Shelly Deanna

Signature of New Registered Agent, 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 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

APPROVE
AND
FILED

14 MAY 15 AM 8:49

The date of each amendment(s) adoption:
date this document was signed.

05/08/2014

SECRETARY OF STATE
TALLAHASSEE, FLORIDAEffective date if applicable:

5-15-14

(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 05/08/2014

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)

THOMAS S KITCHENS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)