## PH00092157

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## **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Terry's Plumbing A	Air and Energy Inc	
DOCUMENT NUME	BER: P14000092157		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jamie Munsell		
		Name of Contact Perso	n
	Terry's Plumbing & Air, Inc		
		Firm/ Company	
	2401 15th St		
		Address	·
	Sarasota, FL 34237		
		City/ State and Zip Cod	e
accou	nting@terrysplumbinginc.com	n	
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Jamie Munsell		941 at (	204-8570
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	S43.75 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		Ameno Divisio Cliftor	Address Idment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000092157	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TERRY'S PLUMBING AND AIR, INC.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered." "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2401 15TH ST
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	SARASOTA, FL 34237
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2401 15TH ST
	SARASOTA, FL 34237
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	(City) , Florida (Zin Code)
	(Elp Code)
New Registered Agent's Signature, if changing Registered Agen	
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		<del></del>	
Add			
Remove			
2)Change			
Add			
Remove			
3 ) Change			2015
Add			JUL
Remove			SSTH OF A
4) Change			D STA LOR
Add			20
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			-
Remove			

Attach additional sheets, if necessary).	(Be specific)	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>
	· <del></del>	<del></del>
		<u> </u>
		ALLAHA
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	AR E
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	ASS.
(y ma approximation manager many		ုိင္ငံ္ လာ
		Alf 9: 20 OF STATE ETTORIES
		1 9: 20 1 07m;
		<u> </u>
		3.7
		-
		<del></del>

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
(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 will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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.	2019
07/03/2019 Dated	JUL -8
Signature  (By a director, president or other officer – if directors or officers have not been cleated, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	LED 8 AH 9: 20
Jamie Munsell	
(Typed or printed name of person signing)	<del>_</del>
CEO, COO, Treasurer	

(Title of person signing)