## P150000 6825

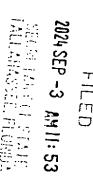
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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09/03/24--01043--012 \*\*43.75



## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Key Mechanical S	ervices, Inc	
	BER: P15000006825		
	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	Daralee Perkins		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	<u> </u>
	Key Mechanical Services, In	c	
		Firm* Company	
	1267 Winter Garden Vinelan	id Road, State 240	
		Address	
	Winter Garden, FL 34787		
		City/ State and Zip Cod	 ບ
	Associated Commence and analysis of		
	dperkins@keymechanicalser	sed for future annual report	na agentactico e e e e e e
or further information	on concerning this matter, plea		614-3462 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Inclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State;
□ \$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)
	iling Address		<u>Address</u>
	endment Section	Amendment Section	
	rision of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 Tallahassee, F1, 32314			N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation οť

Key Machanical Services, Inc.

ration (if known)  Profit Corporation adopts the following amendment(s) to
Profit Corporation adopts the following amendment(s) to  The new '," or "incorporated" or the abbreviation "Corp"
Profit Corporation adopts the following amendment(s) to  The new '," or "incorporated" or the abbreviation "Corp"
The new  "," or "incorporated" or the abbreviation "Corp"
"," or "incorporated" or the abbreviation "Corp.,"
"," or "incorporated" or the abbreviation "Corp.,"
"," or "incorporated" or the abbreviation "Corp.,"
. ~
12
SEP - FILE
3 E
Clorida, enter the name of the
257
_, Florida
(Zip Code)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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,  $\hat{V}$ —Vice President;  $\hat{E}$ —Treasurer,  $\hat{S}$ —Secretary,  $\hat{D}$ —Director, TR—Trustee,  $\hat{C}$ —Chairman or Clerk; CEO—Chief Executive Officer; CEO—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

N Change	$\overline{\text{b.t.}}$	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Cneck One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	þ	Christopher A Perkins	5130 Arista Dr
X Add			Douglasville, GA 30135
Remove			
2) Change	P	Floyd Perkins	2121 Tillman Avenue
Add			Winter Garden, FL 34787
X Remove			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6} Change		_	
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
\	
If an amendment provides for an exch	range, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate $N[A]$	
<b>\</b>	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	_	
	(no more than 90 days after amendment	file date)
<b>Note:</b> If the date inserted in this blo locument's effective date on the Dep	ek does not meet the applicable statutory filing requartment of State's records.	nirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors withou	t shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were sulf	ted by the shareholders. The number of votes east fo icient for approval.	r the amendment(s)
The amendment(s) was/were appromist be separately provided for ea	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the an	following statement aendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(Voting group)	
selected. appointed	ctor, president or other officer – if directors or officer by an incorporator – if in the hands of a receiver, trustiduciary by that fiduciary) aralee Perkins	rs have not been dee, or other court
	(Typed or printed name of person signing)	
So	ecretary	

(Title of person signing)

## COVER LETTER

TO: Amendment Section Division of Corporations

SAME OF CORPORATION: Key Mechanical Services, Inc			
DOCUMENT NUME	BER: P15000006825		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	Daralce Perkins		
	<del></del>	Name of Contact Persor	1
	Key Mechanical Services, In	с	
		Firm/ Company	
	1267 Winter Garden Vinelan	d Road, Suite 240	
		Address	
	Winter Garden, FL 34787		
		City/ State and Zip Code	
	dperkins@keymechanicalser	vices con	
	E-mail address: (to be us	sed for future annual report	notification)
		ou to tallife amilian report	Total Control of the
For further information	o concerning this matter, pleas	se call:	
Daralee Perkins		at (	614-3462
Name o	of Contact Person	Area Co-	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	iriment of State:
S35 Fiting Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ting Address Induction Ind	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303