P150000 67514

(Re	equestor's Name)				
(Ac	idress)				
(Ac	idress)				
(Ci	_ ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nar	me)			
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Certified</u>	Indoor Air Consultants Inc			
document number: <u>P150000</u> 6	7514			
The enclosed Articles of Amendment and fee are	submitted for filing.			
Please return all correspondence concerning this r	natter to the following:			
Alan Ra	bin			
•	Name of Contact Person			
Certified Indoor Air Consultants Inc				
17306 P	reakness Place			
4.	Address			
Odessa,	FL 33556			
·	City/ State and Zip Code			
	used for future annual report notification)			
For further information concerning this matter, ple	ease call:			
Lisa Rabin	at (813) 495-9579			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:			
\$35 Filing Fee				
Mailing Address	Street Address			
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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Certified Indoor Air		Inc	2519 CC 7 24 PH 4: 12
P15000067514	Corporation as currently	Tiled with the Florida Di	(pt. 0) State)
1,10,000,101,1	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(
A. If amending name, enter the new nam	ne of the corporation:		
NA			The new
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	tion "Corp," "Inc," or "C	Zo". A professional corpe	porated" or the abbreviation
B. Enter new principal office address, if	applicable:	17306 Preak	ness Place
(Principal office address MUST BE A STREET ADDRESS)		17306 Preak Odessa FL	33556
		`	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the n	ame of the
Name of New Registered Agent	NA		
-	tFlorida stre	et address)	
New Registered Office Address:	NA		, Florida
	(City)	(Zip Code)
new registered agent and/or the new Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if cha	registered office address: NA (Florida stre	et address) City)	, Florida(Zip Code)
I hereby accept the appointment as register	ed agent. I am familiar w	ith and accept the obligation	ons of the position,
NA			
	Signature of New Ro	gistered 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Y	Sean M. McGrath	17306 Preakness Place
LbA 🔀			Odessa FL 33556
Remove			
2) 🔀 Change	P	Alan Rabin	17306 Preakness Place
Add			Odrssa FL 33556
Remove			
3.) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	
NA	
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 It an amendment provides for an exch provisions for implementing the ame 	nange, reclassification, or cancellation of issued shares, and and an amendment itself:
(if not applicable, indicate N/A)	
NA	

The date of each amendment(s) adoption:date this document was signed.	October (21	, 2019	, if other than the
•				
Effective date if applicable:	(no more than 90 da	ys after a	nendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S		e statutory	filing requirements	s, this date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)			
☐ The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap		nber of vo	ites east for the ame	ndment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting y				
"The number of votes cast for the amend	lment(s) was/were su	Micient fo	r approval	
by				
☐ The amendment(s) was/were adopted by the b action was not required. The amendment(s) was/were adopted by the in action was not required.				
appointed fiduciary t	lent or other officer – porator – if in the har	nds of a re	ceiver, trustee, or o	
<u>Yre</u>	sident			
	(Title of pe	erson sign	uñ)	