(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
10		
<u> </u>		

Office Use Only



200316744252

200316744252 08/14/18--01006--014 **35.00

AUG 1 4 2018 S. YOUNG

201 AUG 14 PH 2:37

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: X-TREME AIR &	HOME CARE INC	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	ADRIAN MIDDLETON		
		Name of Contact Person	n
		Firm/ Company	
	1469 MARKET ST		
		Address	
	TALLAHASSEE FL 32312		
		City/ State and Zip Cod	e
BIZ.S	ERVICES.FL@GMAIL.CO	М	
	E-mail address: (to be us	sed for future annual report	notification)
For further information ADRIAN MIDDLETO	n concerning this matter, pleas		¥15.0256
	of Contact Person	at (350	de & Daytime Telephone Number
	r the following amount made		
S35 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)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

X-TREME AIR & HOME CARE INC

(Name of Corporation as cu	rrently filed with the Florida Dept. of State)
P16000057369	
(Document Nun	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
	The new oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	1
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	₩ <u> </u>
	- do Lo
	<u> </u>
D. If amending the registered agent and/or registered offic	e address in Florida, enter the name of the
new registered agent and/or the new registered office ac	ddress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
·	, Florida
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent. I am fan	nuiar wun ana accept the obugations 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 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jol</u>	nn Doe	
X Remove	<u>Y</u> <u>M</u> i	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	NICOLE L HALL	1421 COMMERCIAL DRIVE
Add			STE 6 LAKELAND, FL 33801
X Remove			
2) Change	P	JAMES C COUDRY	1421 COMMERCIAL DRIVE
X Add			STE 6 LAKELAND, FL 33801
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
<u> </u>	
	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
()	
.	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) date this document was signed.	adoption:	if other than
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	l not be listed a
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
8/14/18		
Dated		
Signature	() //a ==================================	
(By a	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appo	nted fiduciary by that fiduciary)	
	NICOLE L HALL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	