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Amendas

MAR 2 7 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: 1-800 COLD AIR	INC	
DOCUMENT NUMBE	D17000010040		
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
F	RANCIS AMARO		
		Name of Contact Persor	1
_		Firm/ Company	
30) I CARDIFF DR		
—	ISSIMMEE FL. 34758	Address	
		City/ State and Zip Code	e
CASAI	S.AMARO2001@GMAIL.		
	-	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
FRANCIS AMARO		at (706	294-1701
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment 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	

		corporation ly filed with the Florida Dept. of State)
	Articles of A	mendment
	to Articles of Inc	corneration
	of	7 8 10
-800 COLD AIR INC		
(Name o	f Corporation as current	ly filed with the Florida Dept. of State)
17000010069		
	(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607. S Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
. If amending name, enter the new na	me of the corporation:	
J/A		The new
	ation "Corp," "Inc," or '	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
Enter new principal office address, Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS	N/A
. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST OFFICE BOX)		301 CARDIFF DR
	•	KISSIMMEE FL. 34758
		lress in Florida, enter the name of the
new registered agent and/or the new	_	<u>s:</u>
Name of New Registered Agent	FRANCIS AMARO	
	301 CARDIFF DR	
	(Florida st	treet address)
New Registered Office Address:	KISSIMMEE	, Florida 34758
New Negistered Office Address.		(City) (Zip Code)
lew Registered Agent's Signature, if c hereby accept the appointment as regist		<u>t:</u> 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)	. <u>Title</u>	Name	Address
1) Change	PTD	FRANCIS AMARO	301 CARDIFF DR
X Add			KISSIMMEE FL, 34758
Remove			
2) Change	s	TAVOLACCI, ANTHONY	2055 SYKES CREEK DR
Add			MERRITT ISLAND, FL 32953
X Remove			
3) Change	D	STANCADI, AARON	2055 SYKES CREEK DR
• Add			MERRITT ISLAND, FL 32953
X Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

	sheets, if necessary).	(Be specific)	ige(s) here:			
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	t nravidae far an av	change, reclassifi	ication, or cance	lation of issued s	hares.	
an amendment			4 1 1 45			
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<u>rovisions for it</u>	mplementing the am cable, indicate N/A)	<u>iendment if not c</u>	contained in the 2	<u>imendment itself</u>	<u>i</u>	
<u>rovisions for it</u>	mplementing the am	<u>nendment if not c</u>	contained in the s	imendment itself	<u>:</u>	
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<u>rovisions for it</u>	mplementing the am	nendment if not c	contained in the s	mendment itself	<u>.</u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"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.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
03/14/2018	
Dated	`
Signature 710ms and and	
Signature (By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary by that fiduciary)	
FRANCIS AMARO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	