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COVER LETTER

TO: Amendment Section Division of Corporations

ASAP HE	ATING & COOLING, INC.				
DOCUMENT NUMBER: P17000013481					
The enclosed Articles of Amendment and for	ee are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Mike Dal Lago, Esq.					
	Name of Contact Person				
Dal Lago Law					
	Firm/ Company				
999 Vanderbilt Beach Road, Suite 200					
 	Address				
Naples, FL 34108					
	City/ State and Zip Code				
mike@dallagolaw.com					
· ·					
E-mail address:	(to be used for future annual report notification)				
For further information concerning this mat	ter, please call:				
Mike Dal Lago	239 571-6877 at ()				
Name of Contact Person	at () Area Code & Daytime Telephone Number				
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:				
■ \$35 Filing Fee □\$43.75 Filing Certificate of					
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

Articles of Amendment to Articles of Incorporation of

ASAP HEATING & COOLING, INC.

	ently filed with the Florida Dept. of Sta	<u>te</u>)
P17000013481		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	his <i>Florida Profit Corporation</i> adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation ne	or the abbreviation ame must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3514 DELILAH DRIVE	PILLANDER PR
	CAPE CORAL, FL 33993	一数 。三月
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		# L: 16
Name of New Registered Agent		
(Floride	a street address)	
New Registered Office Address:	Florid	· ————
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent. I am famili	iar with and accept the obligations of the	position,
Signature of Ne	w 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	<u>Addres</u> s
X 1) Change	PD	ROBERT J. LERNER	1227 S.E. 47TH STREET
Add			CAPE CORAL, FL 33904
Remove			
	VD	EMILIO MATIAS	4705 PALM TREE BLVD
2) Change X Add			NO. 2
Add			CAPE CORAL, FL 33904
3) Change	STD	MITZIE FOX LERNER	1227 S.E. 47TH STREET
X Add			CAPE CORAL, FL 33904
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
N/A				
IVA				
· · · · · · · · · · · · · · · · · · ·				
				
				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,				
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)				
N/A				

	NOVEMBER 14, 2017	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
	OVEMBER 14, 2017	
Effective date <u>if applicable</u> :	(1 00 / 6 / 1 5 / 1 1	.
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date of Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
NOVE	MBER 30, 2017	
Dated		
Signature		
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	ROBERT J. LERNER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	