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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: D & T Contracto	or Services, Inc	
DOCUMENT NUMBER: P17000025255		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Luis A Alicea		
	Name of Contact Person	
D & T Air Conditioning	d Heating Contractor Service	s
	Firm/ Company	·
11049 Parkside Preserve	yay Yay	
-	Address	
Jacksonville, FL 32257		
	City/ State and Zip Code	:
dtcontractorservices@gmail.com		
E-mail address: (to be	used for future annual report	notification)
For further information concerning this matter, ple	ase call:	
Luis A Alicea	at (476-9635
Name of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for the following amount mad		
Enclosed is a check for the following amount made	payable to the Florida Depa	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \$\&\Certificate of Status\$		□\$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	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

D&T Contractor Services Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000025255 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: D & T Air Conditioning and Heating Contractor Services, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association, "or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

address of each Office (Attach additional shee	r and/or [ts, if neces.	Director being added: sary)	e of each officer/director being removed and title, name, and
Please note the officer/o	director tit	le by the first let ter of the office title:	
Executive Officer; CFC held. President, Treasu Changes should be note a change, Mike Jones I) = Chief rer, Direct ed in the fo eaves the o	Financial Officer. If an officer/dire or would be PTD. Illowing manner. Currently John Do	Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ctor holds more than one title, list the first letter of each office be is listed as the PST and Mike Jones is listed as the V. There is e V and S. These should be noted as John Doe, PT as a Change,
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)	Title	Name 	<u>Addres</u> s
1) Change	V	Dalys Alicea	11049 Parkside Preserve way
x Add	<u>-</u>		Jacksonville, FL 32257
Remove			
2) Change			
Add			
Remove			
3) Change		_ 11	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		8	
Add		4	
Remove			

en e	
. If amending or adding additional Artic (Attach additional sheets, if necessary).	icles, <u>ênter change(s) here</u> : (Be specific)
(Mach manning sheets, y needs at y).	
	11
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	11
	<u> </u>
16dd. annides for an each	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<u> </u>
	
<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)
(no more than 90 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
The amendment(s) was/were adopted by the bo ard of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature
(By a director president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Cuis A. Alice
(Typed or printed name of person signing)
Priesident
(Title of person signing)
R 1