117000026017

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: AC GUY M	ECHANICAL HEATING AND COOLING INC				
DOCUMENT NUMBER: P17000026017					
The enclosed Articles of Amendment and fee	are submitted for filing.				
Please return all correspondence concerning th	nis matter to the following:				
ANINA MILOR					
	Name of Contact Person				
UNIVERSAL GROUP	UNIVERSAL GROUP AC				
	Firm/ Company				
1820 N CORPORATE	LAKES BLVD SUITE 206-9				
	Address				
WESTON, FL 33326					
	City/ State and Zip Code				
a.ninalugo@gmail.com	,				
E-mail address: (to	be used for future annual report notification)				
For further information concerning this matter	r, please call:				
NINA MILOR	at (954) 5344564				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount	made payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Fee Certificate of Sta					
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** \mathbf{of}

AC GUY MECHANICAL HEATING AND COOLING, IN	
	currently filed with the Florida Dept. of State)
P17000026017	
(Document N	lumber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	ation:
	The new proporation," "company," or "incorporated" or the abbreviation ac," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	Here the
(Principal office address <u>MUST BE A STREET ADDRESS</u>	2) = 50
	7 2
C. Enter new mailing address, if applicable:	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
	3
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am f	familiar with and accept the obligations of the position.
<u> </u>	of New Registered Agent if changing
	IN CREW MENTALERIC MARKET IN CHIMINATIV

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 <math>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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		ANINA MILOR	172 RIVIERA CIR
Add X Remove				WESTON. FL 33326
2) Change		****		
Add				
Remove				
3) Change		·		
Add				
Remove				
4) Change		_		
Add				- IA SECULIA
Remove				
5) Change		_		
Add				
Remove				
6) Change				
	•			
Add				
Remove				

. <u>If amending or adding additional Arti</u> (Attach <i>additional sheets, if necessary).</i>	(Be specific)
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(
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If an amendment provides for an eyeh	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nament if not contained in the amenoment users.
(i) not applicable, malcale N/A)	

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W. W	

the date of each amendment(s) adopted date this document was signed.	ion:, it other than the
7/19/201	
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed as the ment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	he amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
JULY 18, 2017 Dated Signature	
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
AN	INA MILOR
	(Typed or printed name of person signing)
VP	
	(Title of person signing)