P170000 73864

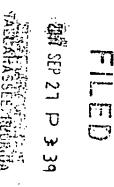
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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CEP 28 1017

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: EXACT AIC, INC. DOCUMENT NUMBER: P1000073864			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
William Douglas Name of Contact Person			
Exact Ail, Inc. Firm/Company			
1240 Hillcrest St. E.			
Address			
Lehigh Acces Fl. 33974			
BDZacec 258 @ Live. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
William Douglas at 339 309-6246 Name of Contact Person Area Code & Daytime Telephone Number			
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee 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

Articles of Amendment

Articles of Incorporation of

FILED

Exact Air, Inc	ness cen
(Name of Corpora	ation as currently filed with the Florida Dept. of State
P1700007386	。 一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种
(Doc	rument Number of Corporation (if known) ALEAGASSEC, HEURETA
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation: A. If amending name, enter the new name of the	rida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(corporation:
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A.	DDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the ed 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 F I hereby accept the appointment as registered agen	Registered Agent: t. I am familiar with and accept the obligations of the position.
S	ignature 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	<u>Title</u>	Name Geofficey W. Trott	Address 12145 green gulf blud. punta gorda fl 33455
2) Change Add			
Remove 3)ChangeAdd			
Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

taen <i>aaattional</i>	dding additional Ar sheets, if necessary).	. (Be specific)				
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an amendm <u>en</u>	t provides for an exc	change, reclassifi	cation, or cancel	llation of issued s	hares,	
<u>provisions for i</u>	mplementing the an	<u>rendment if not c</u>	ontained in the a	mendment itself:		
	cable, indicate N/A)					
N/A						
7-1/1						
	-					
					-	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 09/25/2017 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	र statement t(s):
"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 sh action was not required.	areholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated 09125/17	
Signature (By a director, president of other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	iot been ther court
(Typed or printed name of person signing)	<u> </u>
Dresident (Title of person signing)	