P18000058451

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AGIN'S AC & HE	ATING INC	
DOCUMENT NUMB	ER: P18000058451		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOHNNA LEANNE AGIN		
•		Name of Contact Persor	1
	AGIN'S AC & HEATING IN	VC	
-		Firm/ Company	" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	360 NE 63RD STREET		
-	•	Address	
	OCALA FL 34479		
-		City/ State and Zip Code	2
AGIN	SACANDHEATING@GMA	AIL.COM	/
	-	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
JOHNNA L AGIN		at (454-5968
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame	ing Address ndment Section	Amend	Address Iment Section
Divis	sion of Corporations	Divisio	on of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1. 32301

Articles of Amendment to Articles of Incorporation of

A	GIN'S	AC	г,	HE	ΑТ	ING	INC

P18000058451	ntly filed with the Florida Dept. of	f State)			
(Document Number	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation adopt	ts the following an	nendment(s		
a. If amending name, enter the new name of the corporation:					
ame must be distinguishable and contain the word "corporate Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbre	e new viation ain the		
Enter new principal office address, if applicable:	360 NE 63RD STREET				
Principal office address MUST BE A STREET ADDRESS)	OCALA FL 34479	20: SE			
		ACRE ACRE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	360 NE 63RD STREET	SVHV SVHV	Catalana Catalana		
	OCALA FL 34479				
		FL FL			
	dress in Florida, enter the name o	f the			
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	<u>ss:</u>				
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	<u>55:</u>				
new registered agent and/or the new registered office addre					
Name of New Registered Agent	street address)	orida			

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sp	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>		Charles Vaughan Martell	4360 NE 33rd Avenue
X Add				Ocala, FL 34479
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ding or adding ag idditional sheets, i	if necessary).	(Be specific)				
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<u>lf an am</u>	nendment providence	es for an exch	ange, reclassi	fication, or cal	ncellation of i	ssued shares,	
	not applicable, in	idicate N/A)	idijent ii not	contained in t	ne amenumei	it itseir.	
<u>provisi</u> (if)		,					
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The date of each amendment(s date this document was signed.	04/25/2019) adoption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(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 will Department of State's records.	Il 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 cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	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 ca	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Signature	Ohma Lame Lam director, president or other officer – if directors, or officers have not been	_
sele	eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	JOHNNA LEANNE AGIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	