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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	BRADY'S AC/RE	FRIGERATION INC			
DOCUMENT NUMBER: P19000024307					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	WHITAKER, BRADY				
	Name of Contact Person				
	Firm/ Company				
	5681 NWATHENS COURT				
		Address	ALL LUC ALIFORNI		
	PORT ST LUCIE, FL 34986				
		City/ State and Zip Code	e		
	E-mail address: (to be us		notification)		
roi ididici idomiadoi	reoncerning this matter, pieas				
BRADY WHITAKER	: 	at (77Z	<u>,812-4002</u>		
Name c	Name of Contact Person Area Code & Daytime Telephone N				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

BRADY'S AC/REFRIGERATION INC

(Name of Corporation	as currently file	l with the Florida De	pt. of State)		
P19000024307					
(Documen	nt Number of Corp	oration (if known)			
Pursuant to the provisions of section 607.1006. Florida S its Articles of Incorporation:	Statutes, this <i>Florid</i>	la Profit Corporation :	adopts the followin	g amendm	ent(s) te
A. If amending name, enter the new name of the corp	poration:				
STONE COLD AIR CONDITIONING & HEATING. IT	NC			The nev	ıı
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc." or "Co".	A professional corpo			
B. Enter new principal office address, if applicable:	_		<u> </u>	. <u> </u>	19# [FT]
(Principal office address MUST BE A STREET ADDR.	<u>(ESS</u>)		Ē.	F	و پسپسر ده
		· - ·, · · · · · · · · · · · · · · · · · ·	:	ည	وت ع فيسد
			<u>;:</u>		
C. Enter new mailing address, if applicable:			(1)	⊃: ∽	مير . د ده .
(Mailing address MAY BE A POST OFFICE BOX)				ىب د	
				ئــا	
	_				
D. If amending the registered agent and/or registered	d office address in	Florida enter the na	ome of the		
new registered agent and/or the new registered of		i i ioitaa, etter tiie ta	ane or the		
Name of New Registered Agent					
Name of New Registered Agent				_	
	(Florida street ad	denor I		_	
	er tortaa street aa	iress)			
New Registered Office Address:			_, Florida		
	(City)		(Zip	Code)	
		-			
New Registered Agent's Signature, if changing Regist	tered Agent:				
I hereby accept the appointment as registered agent. La		nd accept the obligatio	ns of the position.		
				_	
Signati	ure of New Registe	red 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.

X Change	<u>PT</u>	John Do	<u>u</u>	
X Remove	\underline{V}	Mike Jo	nes	
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		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
	
	- · · · · ·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(7 77	
·	
	

	09/16/2019	
The date of each amendment(s) addate this document was signed.	doption:	, if other than the
	16/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	s)
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	2nt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-	(voting group)	
action was not required. The amendment(s) was/were add	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	er
action was not required.		
09/16/2019)	
Dated	-	
' <i>V</i>	4 / 1 /	
Signature	lirector, president or other officer – if directors or officers have not been	
· •	d, by an incorporator – if in the hands of a receiver, trustee, or other cour	
	ted fiduciary by that fiduciary)	
	BRADY WHITAKER	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	