Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000290855 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031

: (800)906-9220 Phone Fax Number : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

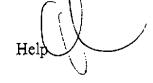
Email Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN RELIABLE AIR SOLUTIONS INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State P22000053751 (Document Number of Corporation (If known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the fits Articles of Incorporation: A. If amending name, enter the new name of the corporation: RELIABLE AIR SOLUTIONS PL INC	
(Document Number of Corporation (If known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	;)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the sits Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	
	following amendment(s) to
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the about 100," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A."	breviation "Corp."
B. Enter new principal office address, if applicable:	AU6 29
(Principal office address MUST BE A STREET ADDRESS)	76
	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	56 56
(h) manifest and the second se	
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 sweet address)	
New Registered Office Address . Florida	
New Registered Office Address:, Florida	(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 p	osmon.
·	
Signature of New Registered Agent, if changing	
Charle of annihable	
Check if applicable The amendment(s) is/are being filed pursuant to a. 607.0120 (11) (c), F.S.	

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: XChange	E T	Iohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			υς:
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
R e move			

			<u> </u>
	 _		-
	 ;		
			.
	•		(
			<u> </u>
			<u> </u>
	——		≫." #:
			37 (0
			<u> inc</u>
			मिट
			2
			
	_		
n amendment provides for an exchange, reclassificati	on, or cancellatio	n of issued shares	4
ovisions for implementing the amendment if not conti	tined in the amen	idment itself:	
(if not applicable, indicate N/A)			
			
		<u>-</u>	

(((H22000290855 3)))

The date of each amendment(s) date this document was signed.	adoption:	if oth	or than	the
Effective date if applicable:				
Estective date in applicable:	(no more than 90 days after amendment file date)			
Note: If the date inserted in this document's effective date on the i	block does not meet the applicable statutory filing requirements, this date with Department of State's records.	il not be l	isted as	the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action an	d sharchol	der	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
must be separately provided fo	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval	TALLAHAS:	2022 AUG 29	
by	,	50 00 00		: 77
	(voting group)	SE CO	AM 8:	
08/12/202 Dated	22	FLE	: 56	_
Signature	Labe Adelman			
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	 -		
	Labe Adelman			
	(Typed or printed name of person signing)	_	-	
	President			
	(Title of person signing)		-	