P9400060022

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	A/C SPECIALISTS, INC.	_
DOCUMENT NUM	MBER:	P9400060022	_
The enclosed Article	es of Amendment and fee a	e submitted for filing.	
Please return all cor	respondence concerning thi	s matter to the following:	
_		effrey M. Lasman	
	. N	ame of Contact Person	
_	Las	man Law Firm, P.A.	
		Firm/ Company	
_	6152 Dela	ncey Station St., Suite 205	
		Address	
_	 	rerview, FL 33578	
	C	ity/ State and Zip Code	
	jeff@ E-mail address: (to be use	asmanlaw.com I for future annual report notification)	
For further information	tion concerning this matter,	please call:	•
		at (813)681-7725	
Name o	of Contact Person	Area Code & Daytime Telephone Number	_
Enclosed is a check	for the following amount n	ade payable to the Florida Department of State:	
	☐ \$43.75 Filing Fee & Certificate of Status	Standard Specificate of Certified Copy (Additional copy is enclosed) \$52.50 Filing Certificate of Certified Copy (Additional Copy is enclosed)	of Status
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee FL 32314		Clifton Building	
Tallahassee	F1. 47314	2661. Evecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

A/C SPECIALISTS, INC.

P94000060022

,		
	Articles of Amendment to	2
	Articles of Incorporation	
	of	400
A/C SP	ECIALISTS, INC.	t. of State)
* ·	rently filed with the Florida Dept	t. of State)
P9.	4000060022	`• \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	umber of Corporation (if known)	
suant to the provisions of section 607.10 endment(s) to its Articles of Incorporation:		Profit Corporation adopts the following
If amending name, enter the new name	of the corporation:	
		The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pr	he designation "Corp," "Inc," or	"Co". A professional corporation
Enter new principal office address, if ap	oplicable:	
incipal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicab	<u>ET ADDRESS</u>)	
	<u>ET ADDRESS</u>)	
Enter new mailing address, if applicab	<u>ET ADDRESS</u>)	
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new regist	le: FICE BOX) r registered office address in Flor	rida, enter the name of the
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF	le: FICE BOX) r registered office address in Flor	ida, enter the name of the
Enter new mailing address, if applicabe (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new re-	le: FICE BOX) r registered office address in Flor	
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX) r registered office address in Florgistered office address:	<u>s)</u>
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX) r registered office address in Florgistered office address:	
Enter new mailing address, if applicabe (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	le: FICE BOX) r registered office address in Flor gistered office address: (Florida street address.)	s) , Florida

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)

₹.;

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P/D	Timothy D. Winston	15433 N. Florida Avenue Tampa, FL 33613	☑ Add □ Remove
VSTD	Mary F. Winston	15433 N. Florida Avenue Tampa, FL. 33613	☑ Add □ Remove
<u>P</u>	David J. Winston	15433 N. Florida Avenue Tampa, FL 33613	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		····
<u>provisi</u>	mendment provides for an exchang ons for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation o ent if not contained in the amendme	f issued shares, nt itself:

The date of each amendment	(s) adoption: August 28, 2009
Decain Jacks and Labor	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemer ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	.,
·	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Aug	ust 28, 2009
Signature	Limita O Winstern
(B _y	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Timothy D. Winston
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)