P96000038645

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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Owens Air conditioning & Heating Inc DOCUMENT NUMBER: P960000 38645
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Drenda G. Dwens Name of Contact Person Dwens Alc & Hearting Tox Firm/ Company 5837 Turkey Tree Lo Address Plant City State and Zip Code Hewept Hus D and Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brenda Dwens at (813) 1737-3823 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:
\$35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy is enclosed) Certified Copy is enclosed)

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

	to Articles of Incorporation	ſ		
Name of Cor	of S AIFCONDITIONS poration as currently filed with the Flori	Dept. of State)	ting I	
_	096000038645			
(Document Number of Corporation (if know	wn)		
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corpor	ration adopts the fol	lowing amends	ment(s)
A. If amending name, enter the new name of	f the corporation:			
/			The no	
name must be distinguishable and contain the we "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	"Inc," or "Co". A professional corpo-	oorated" or the abbre ration name must c	viation "Corp. contain the wo	.," ord
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	licable:			_
/				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				-
				_
D. If amending the registered agent and/or r new registered agent and/or the new regi	registered office address in Florida, enter stered office address:	r the name of the		
Name of New Registered Agent				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Florida street address)			<i>U</i> −.
		Elasida		26
New Registered Office Address:	(City)	, Florida	(Zip Co.	26 11
New Registered Agent's Signature, if changi	ng Registered Agent:		11.	2:51

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

E. If amending or adding addition (Attach additional sheets, if neces	sary). (Be specific)	
	N/A	
····		***
<u> </u>		
<u> </u>		
<u> </u>		
F. If an amendment provides for a	in exchange, reclassification, or cancellation of i	issued shares,
provisions for implementing the (if not applicable, indicate l	ne amendment if not contained in the amendmen	<u>nt itselt:</u>
	NA	
	151.1	
		
		~ ;

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> 174</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	5	Brenda G Owens	5837 Turkey Tree Ln
Add Remove			Plant City, FL 33567
2) ChangeX_ Add	_5_	David V. Quens	5837 Turkey Tree Ln Plant City 72
Remove 3) Change			33567
Add			
4) Change			, ,
Add Remove			
5) Change			
Add			
6) Change			-
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (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, this date wil document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	l shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 2 CORP. OSSICERS	
Dated 9 20 2033	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed (iduciary by that fiduciary)	
Victor Owens	
(Typed or printed name of person signing)	
President	
(Title of person signing)	1991 Ser 26
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