P96000102769

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2022 JAN 31 PM 3: 12 SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations Smith Refrigeration, Inc. NAME OF CORPORATION: ____ P96000102769 DOCUMENT NUMBER: ____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William E Smith Name of Contact Person AAA Refrigeration Firm/ Company 1737 Sherman Ave. Address Panama City, FL 32405 City/ State and Zip Code smithrefrig1737@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please eall: William E Smith Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional 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 of

FILED

Smith Refrigeration, Inc.

2022 JAN 31 PM 3: 12

(Name of Corporation as currently filed with the Florida Dept. of State)

O102769

TALLAHASSEE, FL P96000102769

	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:		
NA			The new
name must be distinguishable and contain "Inc" or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co"	A professional corporation	d" or the abbreviation "Corp.,"
R Enter new principal office address	if applicable:	NΛ	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		····	
C. Enter new mailing address, if appl		NA	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		
D. If amending the registered agent ar			name of the
new registered agent and/or the new	w registered office addres NA	<u>s:</u>	
Name of New Registered Agent	NA		
	(Florida st	reet address)	
New Registered Office Address:	NA		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Degistered Agen	.	
I hereby accept the appointment as regist	ered agent. I am familiar	<u>u</u> with and accept the obligati	ons of the position.
·	Circumstat 1	Doming and the ore 20 dec.	
	signature oj ivew l	Registered Agent, if changin	K

Check if applicable

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

Example:

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> <u>Joh</u>	n Doe	
X Remove	<u>V Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sali</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	8	Deborah Weathers	1737 Sherman Ave
Add _X Remove			Panama City, FL 32405
2) Change	DOP	Mack Smith	1737 Sherman Ave
Add			Panama City, FL 32405
X Remove Change X Add	<u>s</u>	Susanne Bynum	1737 Sherman Ave Panama City, FL 32405
Remove 4) Change X Add	<u>V</u>	Betty Smith	1737 Sherman Ave Panama City, FL 32405
Remove Add	PCOD	William E Smith	1737 Sherman Ave Panama City, FL 32405
Remove 6) Change Add Remove			

(Attach aa	dditional shects,	if necessary).	(Be specific	c)				
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If an amo	endment provid ons for impleme	les for an exc	hange, reclas	sification, or	cancellation	of issued sha	res,	
	ons tor impieme not applicable, in		<u>:nament 11 nc</u>	ot contained	<u>in the ameno</u>	ment itsen:		
A								
								
							<u>-</u>	

The date of each amendment(s) add	January 28, 2022 option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopaction was not required.	nted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendm ficient for approval.	ent(s)
	oved by the shareholders through voting groups. The following starach voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature(By a dir selected.	28, 2022 ector, president or other officer – if directors or officers have not be by an incorporator – if in the hands of a receiver, trustee, or other of diduciary by that fiduciary) William E Smith	
_	(Typed or printed name of person signing)	
	President/Owner	

(Title of person signing)