P98000012192

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Nator	Air Conditioning, Inc		
DOCUMENT NUMBER: P980000 1	2192		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Se	jal Pakl Name of Contact Person to Air Conditioning Inc. Firm/ Company		
	H. E. Suit 1 Address		
	radenton, #134203 City/ State and Zip Code n ting & gater ac.com used for future annual report notification)		
For further information concerning this matter, ple	ase call:		
Sejal Padel Name of Contact Person	at (941) 749-600 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	e payable to the Florida Department of State:		
□ \$35 Filing Fee & Certificate of Status Quedy.	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of	
	Gator Air Gorditioning, Inc	ار
(Name of Corporat	tion as currently filed with the Florida Dept. of State)	
	P98000012192	
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the c	corporation:	
	ord "corporation," "company," or "incorporated" or the abbrevi p," "Inc," or "Co". A professional corporation name must contai	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS ADDRES		
(Principal office address MOST III. A STREET ADD	<u>~,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	20
	ACC LI	3 77
C. C. and the state of the stat	AH	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	$\frac{\partial X}{\partial x}$	
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		_D
	ered office address in Florida, enter the name of the	
new registered agent and/or the new registered	d office address:	
Name of New Registered Agent		
	(Florida street address)	
Now Designation 1 Office Address	, Florida	
New Registered Office Address:	(City) (Zip Code)	
New Registered Agent's Signature, if changing Re-	egistered Agent:	

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

Signature of New Registered 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.

Example: X Change	<u>PT</u> <u>John Do</u>	<u>oe</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	nes	
X Add	<u>SV</u> <u>Sally Sn</u>	nith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P P	Michael Wick	6216 28th St.E.
Add Remove			Suit 1 Bradenton, 71 34203
2) X Change	P	James Romagnola	6216 28th St E. Suite 1
Remove 3) Change Add			Bradenton, 7134203
Remove 4) Change Add			
Remove 5) Change Add			
Remove			
6) Change Add			
Remove			

Attach aaan	tional sheets, if nec	zssary). (Be s	pecific)				
							
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f an amune	iment provides for	an avehanda (roelassificatic	n ar cancella	tion of issued	charec	
provisions	for implementing	the amendmen	t if not conta	ined in the am	endment itsel	<u>f:</u>	
(ij noi	applicable, indicate	· 187.4.)					
<u></u>		 					
							
					.		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 we document's effective date on the Department of State's records.	zill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
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 fiduciary by that fiduciary)	_
(Typed or printed name of person signing)	
γρ	
(Title of person signing)	