## 590670

(Requestor's Name)			
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(Address)			
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SECRETARY OF STATE
SALLAHASSEE, FLORID.

APPROVELL AND FILED

C. LEWIS MAY 16 2014 EXAMMER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations		•			
NAME OF CORPORATION: All Climate H	leating & Air Con	ditioning, Inc.			
DOCUMENT NUMBER: S90670					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Katherine Palmer					
All Climate Heating & A/C, IIC.					
9402 88th Terr	Firm/ Company				
Seminole, Flori	Address da 33777				
	City/ State and Zip Cod	e			
kbecker@allclimat					
E-mail address: (to be use	ed for future annual report	notification)			
For further information concerning this matter, please	e call:				
Katherine Palmer	<sub>at (</sub> 727	_, 639-0493			
Name of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 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		Address			
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle		Executive Center Circle			
Tallahassee, FL 32301		assee, FL 32301			

APPRIOTES AND FILED

## Articles of Amendment to Articles of Incorporation of

14 MAY -5 AM 9: 47

SECRETARY OF STATE TALLAHASSEE, FLOR DA

## All Climate Heating & Air Conditioning, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) S90670 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: All Climate Heating & A/C name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) 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 street address). New Registered Office Address: 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 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</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	**************************************	<u> </u>	
Add Remove			
2) Change			
Add Remove			***************************************
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add	<u> </u>		
Remove			
6) Change			
Add Remove			

C. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	<del> </del>
	1. <u></u>
. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, under the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:



The date of each amendment(s)	adention: N/A	14 MAY -5 AM 9: 47	, if other than the
date this document was signed.			
Effective date <u>if applicable</u> : N	/A	SECNETARY OF STATE FALLAHASSEF, FLORIDA	
Effective date if applicable:	(no more than	90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)	
		hrough voting groups. The following statement to vote separately on the amendment(s):	
	st for the amendment(s) was/v	vere sufficient for approval	
by	(voting group)	**	
	(voting group)		
The amendment(s) was/were a action was not required.	dopted by the board of directo	ors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators w	rithout shareholder action and shareholder	
Dated April 2	9, 2014 Dalbasa 6	Dalines	
Signature //	WI Jennie	Tall the state of	<del></del>
		fficer – if directors or officers have not been the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiducia	· · · · · · · · · · · · · · · · · · ·	
	Katherine Palmer		
	(Typed o	r printed name of person signing)	_
	President		
	(	Title of person signing)	_