

V37619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

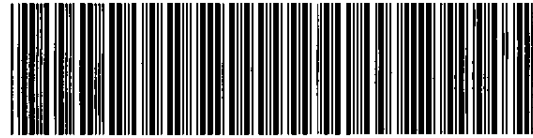
(Business Entity Name)

(Document Number)

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11 MAY 13 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AIR-O HEATING & COOLING SYSTEMS, INC.

DOCUMENT NUMBER: V37619

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN FORD KURSCH

Name of Contact Person

AIR-O HEATING & COOLING SYSTEMS, INC.

Firm/ Company

9612 NORWOOD DRIVE

Address

TAMPA FL 33624

City/ State and Zip Code

brittany@airoforce1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD R. SAGE

Name of Contact Person

at (813)

Area Code & Daytime Telephone Number

932-6113

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$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
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

AIR-O HEATING & COOLING SYSTEMS, INC.

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

V37619

(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:

AIR-O FORCE 1 HEATING AND COOLING SYSTEMS, INC.

The new

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."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

9612 NORWOOD DRIVE

TAMPA FL 33624-5135

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 90

LUTZ, FL 33548-0090

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:

JOHN FORD KURSCH

New Registered Office Address:

9612 NORWOOD DRIVE

(Florida street address)

TAMPA

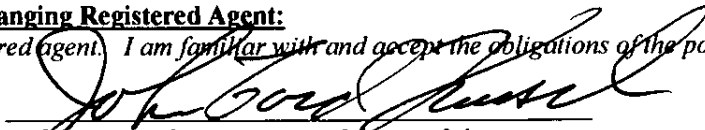
(City)

Florida 33624-5135

(Zip Code)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 13 PM 3:07

APPROVED
MAY 13 2013

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> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| P | JOHN F KURSCH | 9612 NORWOOD DRIVE TAMPA FL 33624 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| P | JOHN FORD KURSCH | 9612 NORWOOD DRIVE TAMPA FL 33624-5135 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

(This section is crossed out with a diagonal line)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

(This section is crossed out with a diagonal line)

The date of each amendment(s) adoption: MAY 10, 2011

Effective date if applicable: MAY 10, 2011 *(date of adoption is required)*
(no more than 90 days after amendment file date)

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):*

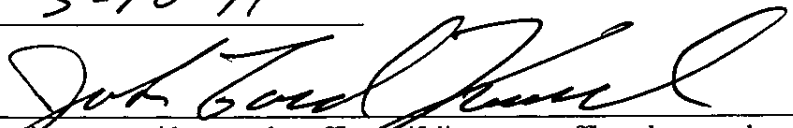
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 5-10-11

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)

JOHN FORD KURSCH
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)