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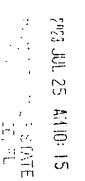
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Antho	ny Electric	Sorvice, Inc.	
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
William	Anthony Ba	row by And	gela lates, power	er of attorner
	Anthony El	ectric Seri	sice, Inc.	
	2365 SW 30	St Bay Address	3	
	Ft Lauderda	City/ State and Zip Code	312	
	TRaccow615@ 6 E-mail address: (to be us			SECKLING STANISH
For further information	n concerning this matter, pleas	se call:		25
Angela	of Contact Person	at (<u>615</u> Area Co	_) <u>668 - 7251</u> de & Daytime Telephone Number artment of State:	25 AH 0: 1
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	L AE S
☑ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame	iling Address endment Section ision of Corporations	Amend	Address ment Section n of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporati	on as currently file	d with the Florida I	Dept. of State)		
(Docur	nent Number of Cor	poration (if known)	· · ·		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Flori</i>	da Profit Corporatio	n adopts the fo	llowing amendment	t(s) to
A. If amending name, enter the new name of the e	orporation:				
				The new	
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A pro	any," or "incorporat fessional corporatio	ed" or the abbr n name must	eviation "Corp.," contain the word	
B. Enter new principal office address, if applicable					
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)				
	_		•		
		-	·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)				
	_			 	
D. If amending the registered agent and/or registe	red office address i	n Florida, enter the	name of the	2023 JUL S'ECKEN	
new registered agent and/or the new registered	office address:				1
Name of New Registered Agent					i i
	(Florida street ad	(dress)			;
New Registered Office Address:	(Citv)		, Florida	(Zin Code)	
	(0.0)			m O	•
New Registered Agent's Signature, if changing Reg		and aquant the obliga	tions of the non	itious	
I hereby accept the appointment as registered agent.	i am jamutar with a	на ассері іне отіда	aons oj ine pos	mon.	
·					
Sign	ature of New Registe	ered Agent, if changi	ng		

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)

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	$\overline{\mathcal{L}}$	Wayne Oths	470 SE 14TH St
Add		Ç	Dania, FL 33004
Remove			
2) Change	ST	<u>Angela Yates</u>	312 Nawakua Trail
X_ Add		,	Madison TN 37115
Remove 3) Change	· · · · · ·		
Add			
Remove			
4) Change			17 72 17 73 20 23
Add			
Remove			25
5) Change			
Add			AH 0: 5
Remove			
6) Change			
Add			
Remove			

Anthony Electric Service, Inc.

2365 SW 34 Street, Bay 3

Ft Lauderdale, FL 33312

615-668-7251

MINUTES: Board of Directors Meeting

DATE: April 13, 2023 @ 8:00a

ATTENDANCE: William Anthony Barrow, by Angela Yates, power of attorney

Call to order: the meeting was called to order.

URGENT ISSUE: Since William Anthony Barrow has been diagnosed with Alzheimer's, and subsequently moved into a memory care unit in Tennessee, his daughter will be taking over his responsibilities in this business effective immediately. In order to gain access to the company's bank accounts, Angela Yates needs to be added as an officer of the company.

MOTION: I hereby motion that Angela Yates be voted in as Secretary/Treasurer, and Wayne Ochs will be updated to Director (Note: Secretary/Treasurer will be removed from his title). Motioned carried.

Meeting was adjourned at 8:05a

ch additional sheets, if necessary). (Be specific)		
		
	<u></u>	
		
	<u></u>	
in amendment provides for an exchange, reclassification, or canc	ellation of issued shares,	
ovisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:	
(у пог иррисиоле, такие гом)		
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		SECRETAL OF STATE

Effective date if applicable: 7 / 14 / 2023 (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 will not be listed as a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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) Dated 7 / 14 / 2025 Signature will not Anthory Barrow by Angela lates power of afterness selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Will am Anthory Barrow by Angela lates (Typed or printed name of person signing) Power of afterness afterness afterness and figures and fiduciary afterness and fiduciar		ch amendment(s) adoption: ent was signed.	7/14/2023	, if other than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 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	Effective date	if applicable:	1/14/2023	
Adoption of Amendment(s) (CHECK ONE) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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	Directive date	(1	no more than 90 days after amendment file	? date)
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**The number of votes cast for the amendment(s) was/were sufficient for approval by				he amendment(s)
Signature William Anthony Bourow by Angela lates power of attorney (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) William Anthony Barrow by Angela lates (Typed or printed name of person signing) Power of attorney	☐ The amendr	nent(s) was/were approved by the sh arately provided for each voting gr	hareholders through voting groups. The focup entitled to vote separately on the ame	ollowing statement ndment(s):
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selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) William Anthony Barrow by Angela lates, (Typed or printed name of person signing) Power of attorney				
(Typed or printed name of person signing) Power of attorney		selected, by an incorpo	orator – if in the hands of a receiver, truste	Vates power of attorney have not been ee. or other court
		<u> W`.II`ar</u> (Ty	rped or printed name of person signing)	by Angela Tates, Power of attorney
Prosident 30 2				TA J
(Title of person signing)				
ANIO: 15 OF STATE FL. FL.				M D RO

DURABLE POWER OF ATTORNEY

BY THIS DURABLE POWER OF ATTORNEY. I, Anthony Barrow, of Broward County, Florida, as Principal, appoint as my attorney-in-fact to manage my affairs, my beloved daughter, Angela Yates.

This Durable Power of Attorney is not affected by subsequent incapacity of the Principal except as provided by F.S. § 709 Florida Statutes, and shall be effective and exercisable from this date. All acts done by my attorney pursuant to this Power shall bind me, my heirs, devisees and personal representatives. This Power of Attorney is nondelegable.

All of my property and interests in property are subject to this Durable Power of Attorney.

Without limiting the broad powers conferred by the preceding provisions. Fauthorize my attorney-in-fact to:

Collect, receive and receipt for any and all sums of money or payments due or to become due to me.

Sue in my name and on my behalf for the recovery of any and all sums of money or payments due or to become due to me and to collect on any judgments recovered by me and execute satisfactions of the same.

Initiate, defend, continue or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

Hire or discharge (with or without cause) employees including but not limited to physicians, nurses, attorneys, accountants, domestics.

Deposit to or withdraw from, or draw checks or drafts upon, any and all savings or checking accounts, money market funds, or any other type of account in my name; open any new such accounts in my name in any bank or financial institution or with any insurance or brokerage firm; and endorse my name to any and all negotiable instruments.

Pay any and all bills, accounts, claims and demands now or hereafter payable

Marie 10:

joint ventures, business trusts, land trusts, limited liability companies, and other domestic and foreign forms of organizations.

options, concerning sole proprietorships, general or limited partnerships.

Exercise all rights and options, or empower another to exercise those rights and

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Buy, sell, exchange, lease, convey and grant options with respect to any real or personal property, and to negotiate for and to enter into contracts and agreements of every nature concerning real or personal property, including homestead or exempt property. Any such contract, agreement or lease will be valid or binding for its full term even if it extends beyond my lifetime or the duration of this durable power of attorney.

10 18. To exercise all powers even though my attorney-in-fact may also be acting individually or on behalf of any other person or entity interested in the same matters.

Transact all business, make, execute and acknowledge, all contracts, orders, deeds, bills of sale, assurances, promissory notes, mortgages and other instruments of any nature which may be requisite or proper to effectuate any matter or things pertaining to or belonging to me.

<u>Il 23</u>. Conduct banking transactions as provided in Section 709.2208(2), Florida Statutes.

Buy U.S. Treasury Bonds redeemable at par in payment of estate taxes, and to purchase, sell or redeem U.S. Savings Bonds.

Employ or compensate any investment management service, financial institution, or similar organization to advise my attorney-in-fact and to handle all investments and to render all accountings of funds held on my behalf under custodial, agency, or other agreements.

232. Enter into any safe deposit box for which I am a lessee and add or remove items.

Conduct investment transactions as provided in Section 709.2208(2), Florida Statutes

Demand, obtain, review and release to others medical records or other documents protected by patient-physician privilege, attorney-client privilege or any similar privilege. My attorney-in-fact shall be deemed to be my authorized representative pursuant to HIPAA (Health Insurance Portability and Accountability Act). Therefore, I authorize my attorney-in-fact to request, access, review and obtain all of my health and medical information, c including but not limited to medical notes and records from doctors, hospitals, nursing homest assisted living facilities, clinics, managed care plans and other health care providers of any middle hand nature and for any purpose whatsoever.

File or process claims for any medical bills with all insurance companies, through which I have coverage, including but not limited to Medicare and Medicaid, and to

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Security Act.

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and transfer all of part of my income from other bank accounts to such trust.

receive from Blue Cross/Blue Shield or any other insurer information obtained in the adjudication of any claim in regard to services furnished to me under Title 18 of the Social

Security, Medicare or any other government program or agency, annuities, pension and retirement benefits, insurance benefits and proceeds and to request, ask, demand, sue for and recover same. To open accounts, establish trusts and make deposits in any institution or bank

Receive, deposit, hold, invest or cash all payments which I receive from Social

11/30. Invest in assets, securities or interests in securities of any nature, including (without limit) commodities, options, futures, precious metals, currencies, and in domestic and foreign markets or investment funds, including common trust funds; to trade on credit or margin accounts (whether secured or unsecured); and to pledge assets for that purpose.

Exercise or perform any act, power, duty, right or obligation whatsoever_that I may now have, or hereafter acquire the legal right, power or capacity to exercise or perform. in connection with, arising from, or relating to any person, item, transaction, thing, business, property real or personal, tangible or intangible, or any matter whatsoever.

authorize my agent to exercise the following powers and authority which I have initialed next to the enumerated power:

Create an inter vivos trust.

Amend, modify, revoke or terminate a trust created by or on behalf of me.

4

Make a gift in an amount not to exceed the annual exclusion amounts specified in Internal Revenue Code Section 2503 (or twice that amount in the case of a split gift).

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Make a gift in excess of the annual exclusion amounts specified in Internal Revenue Code Section 2503.

Mei

Create or change right of survivorship.

Durg

Create or change a beneficiary designation.

1200

Waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.



Disclaim property and powers of appointment.

33. Sell, rent, lease for any term, mortgage or exchange any real estate or interests in it, including homestead property, for such considerations and upon such terms and conditions as my attorney may see fit, and execute, acknowledge and deliver all instruments conveying or encumbering title to property owned by me alone as well as any owned by me and by any other person, jointly. If I am married, the attorney-in-fact may not mortgage or convey my homestead property without joinder of my spouse or my spouse's legal guardian. Joinder by my spouse may be accomplished by the exercise of authority in a Durable Power of Attorney executed by my joining spouse, and either my spouse or I may appoint the other as attorney-in-fact.

Any third person to whom this Durable Power of Attorney is presented may rely upon an Affidavit by my attorney-in-fact stating, to the best of my attorney-in-fact's knowledge and belief, that this Durable Power of Attorney has not been revoked and that I am living and have not been adjudicated incompetent. No third party relying in this power and that Affidavit will be liable for any losses, damages or claims caused by compliance with the action requested by my attorney-in-fact, unless that third party has actual knowledge of my death or the revocation of this Durable Power of Attorney.

This Durable Power of Attorney shall not be affected by the subsequent disability incompetency or incapacity of the Principal or any of the Principals, except as provided in Chapter 709 of the Florida Statutes. It is my specific intent that the power conferred upon my attorney-in-fact will be exercisable from the date of this instrument, notwithstanding my later disability, except as otherwise provided by statute.

Mul Vinitial

It is my express intention that the execution hereof shall serve to revoke any and all Power of Attorney previously executed by me.

this 12 day of 10 us 4. 2022.

Signed, sealed and delivered in the presence of: Witnesses:

STATE OF FLORIDA

COUNTY OF BROWARD) SS:-

The foregoing instrument was acknowledged before me this 2 day of 202 by ANTHONY BARROW, in my physical prescence, who is personally known to me or who has produced as identification and who

did (did not) take an oath.

My Commission Expires:

The following persons have been notified that a durable power of attorney has been executed:

NANCY BETH KRINICK MY COMMISSION # HH 098737 **EXPIRES: June 29, 2025** Bonded Thru Notary Public Underwriters