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(Address)

(Address)

(City/State/Zip/Phone #)

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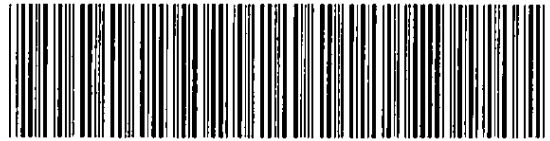
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Anthony Electric Service, Inc.

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

William Anthony Barrow, by Angela Yates, power of attorney  
Name of Contact Person

Anthony Electric Service, Inc.  
Firm/ Company

2365 SW 34 St, Bay 3  
Address

Ft Lauderdale, FL 33312  
City/ State and Zip Code

TBarrow615@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Yates at ( 615 ) 668-7251  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

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SECTION OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

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

\_\_\_\_\_  
(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:**

\_\_\_\_\_ 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(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: \_\_\_\_\_, Florida  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

**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

**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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☐ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>Wayne Ochs</u>	<u>470 SE 14TH ST</u>
<input type="checkbox"/> Add			<u>Dania, FL 33004</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>ST</u>	<u>Angela Yates</u>	<u>312 Nawakwa Trail</u>
<input checked="" type="checkbox"/> Add			<u>Madison, TN 37115</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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*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

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FL  
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The date of each amendment(s) adoption: 7/14/2023, if other than the date this document was signed.

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 the 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 7/14/2023

Signature William Anthony Barrow, by Angela Yates 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 Yates,  
(Typed or printed name of person signing) power of attorney

President  
(Title of person signing)

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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, I authorize my attorney-in-fact to:

MA 1. Collect, receive and receipt for any and all sums of money or payments due or to become due to me.

MA 2. 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.

MA 3. Initiate, defend, continue or settle suits on my behalf or to enforce the exercise of these powers granted to my attorney-in-fact.

MA 4. Hire or discharge (with or without cause) employees including but not limited to physicians, nurses, attorneys, accountants, domestics.

MA 5. 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.

MA 6. Pay any and all bills, accounts, claims and demands now or hereafter payable by me.

MA Initial:

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1194 Receive and endorse for deposit in any account, any payments that I receive from any branch or department of the United States or other government, including without limitation, Social Security payments, Veteran's Administration payments or grants, Medicare or Medicaid payments and tax refunds.

1198 To represent me before any office of the Internal Revenue Service or any state agency; prepare and sign my tax return on my behalf; receive confidential information regarding tax matters (SS #: XXXX-XX-\_\_\_\_\_) for all periods, whether before or after the execution of this instrument; and to make any tax elections on my behalf.

1199 Borrow money and to otherwise incur or guaranty indebtedness for which I will be liable, and to secure any such indebtedness by mortgage or other security interests encumbering my assets.

1200 Act for me in any business enterprise in which I am now or have been engaged or interested or with respect to any trust in which I now have a beneficial interest.

1204 Manage all assets and properties belonging to me in which I have any interest, and to expend whatever funds my attorney-in-fact deems proper for the preservation, maintenance or improvement of those assets or properties.

1207 Compromise, arbitrate, or otherwise adjust claims in favor of or against me or any assets or entity in which I have an interest, and to agree to any rescission or modification of any contract or agreement.

1208 Participate in any type of litigation or reorganization of any enterprise.

1214 Join with other persons with whom I own property as joint tenants with right of survivorship in any transaction regarding that property.

1215 Vote and exercise all rights and options or empower another to vote and exercise those rights and options, concerning any corporate stock, securities or other assets; to enter into or approve agreements for merger, reorganization or equivalent transactions with respect to any company or

17. 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.

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.

19. Transact all business, make, execute and acknowledge, all contracts, orders, deeds, bills of sale, assurances, promissory notes

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 Act.

Mr 27. Receive, deposit, hold, invest or cash all payments which I receive from 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 for any purpose. I further give my attorney-in-fact the power to execute a Qualified Income Trust pursuant to 42 U.S.C. Section 1396 (d)(4)(B) and to open and establish an Irrevocable Income Trust account with all or part of my income in order to qualify me for Medicaid or any other

Rev (c) 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).

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

Rev (e) Create or change right of survivorship.

Rev (f) Create or change a beneficiary designation

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

IN WITNESS WHEREOF, I have executed this Durable Power of Attorney, this 12 day of August, 2022

Signed, sealed and delivered  
in the presence of:

Witnesses:

David Schettler  
R