

9/3/25, 6:27 AM

Division of Corporations

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Florida Department of State

Division of Corporations

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(((H25000314404 3)))



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To: Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
COLWILL ENGINEERING ELECTRICAL, INC.

Certificate of Status	0
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R.L. 9/6/25

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2025 SEP -5 AM 11:19

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2025 SEP -5 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Articles of Amendment
to
Articles of Incorporation
of
COLWILL ENGINEERING ELECTRICAL, INC.

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

P01000072775

(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:

(City), Florida

(Zip Code)

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SECRETARY OF STATE
OF 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.

DocuSign Envelope ID: 84217160-CE16-4F09-AC84-7B5CAF0D3144

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMTR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>MICHAEL BEAVER</u>	<u>4750 E. ADAMO DRIVE</u>	☐ Add
		<u>TAMPA, FL 33605</u>	☒ Remove
			☐ Change
<u>VP</u>	<u>DON DIXON</u>	<u>4750 E. ADAMO DRIVE</u>	☐ Add
		<u>TAMPA, FL 33605</u>	☒ Remove
			☐ Change
<u>CFO</u>	<u>DAN CHRISTENSEN</u>	<u>4600 TOUCHTON ROAD, BLDG. 200, SUITE 100</u>	☒ Add
		<u>JACKSONVILLE, FL 32246</u>	☐ Remove
			☐ Change
<u>P</u>	<u>DEMETRIOS DOUNIS</u>	<u>4600 TOUCHTON ROAD, BLDG. 200, SUITE 100</u>	☒ Add
		<u>JACKSONVILLE, FL 32246</u>	☐ Remove
			☐ Change
<u>VP</u>	<u>JAMES JANG</u>	<u>4600 TOUCHTON ROAD, BLDG. 200, SUITE 100</u>	☒ Add
		<u>JACKSONVILLE, FL 32246</u>	☐ Remove
			☐ Change
<u>VP</u>	<u>STEPHEN VERHOEFF</u>	<u>4600 TOUCHTON ROAD, BLDG. 200, SUITE 100</u>	☒ Add
		<u>JACKSONVILLE, FL 32246</u>	☐ Remove
			☐ Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MELINDA CARAGAN	4600 TOUCHTON ROAD, BLDG. 200, SUITE 100	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☐ Change
P	DARRELL CROCHET	4600 TOUCHTON ROAD, BLDG. 200, SUITE 100	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☐ Change
VP	SCOTT SIKES	4600 TOUCHTON ROAD, BLDG. 200, SUITE 100	☒ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☐ Change
CEO	WALLY BUDGELL	4600 TOUCHTON ROAD, BLDG. 200, SUITE 100	☐ Add
		JACKSONVILLE, FL 32246	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0307 (3)(b)
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 9/2/2025

Signed by:

Darrell Crochet

Signature of a member or authorized representative of a member
860337CCCE9245A...

Darrell Crochet

Typed or printed name of signer

Filing Fee: \$25.00

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850-617-6381

9/4/2025 1:00:08 PM PAGE 1/001 Fax Server

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September 4, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLWILL ENGINEERING ELECTRICAL, INC.

4601 TOUCHTON ROAD

BLDG 300, STE 3150

JACKSONVILLE, FL 32246

SUBJECT: COLWILL ENGINEERING ELECTRICAL, INC.

REF: P01000072775

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

FAX Aud. #: H25000314404
Letter Number: 125A00019782