1022359

(Requestor's Na	ame)
	<u> </u>
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(City/State/Zip/F	Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SCHMIDT ELEC	TRIC, INC.	
DOCUMENT NUMB	ER: 622359		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
:	Rodolfo Ladicani II		
-		Name of Contact Person	1
;	SCHMIDT ELECTRIC, INC	•	
-		Firm/ Company	
	11279 Acme Rd		
_		Address	_
•	Wellington, FL. 33414		
_		City/ State and Zip Code	2
90668	03@gmail.com		
	*-	sed for future annual report	notification)
For further information Rodolfo Ladicani II	concerning this matter, pleas	se call:at (561	, 906-6803
Name o	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		
■ \$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)
Amer Divis P.O. I	ng Address adment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

		1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /) (2)
<u>e)</u>	 -	- //	

SCHMIDT ELECTRIC, INC.

		
(<u>Name</u> e	of Corporation as current	ly filed with the Florida Dept, of State)
622359		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "	The new on," 'company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the P.A."
B. Enter new principal office address,	if annlicable:	11279 Acme Rd, Wellington, FL33414
(Principal office address MUST BE AS		
C. Enter new mailing address, if appli	cable:	
(Mailing address MAY BE A POST)		11279 Acme Rd, Wellington, FL.33414
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the nev	· · · · · · · · · · · · · · · · · · ·	<u>d</u>
Name of New Registered Agent	Rodolfo Ladicani II	
	11279 Acme Rd.,	
	(Florida str	reet address)
New Registered Office Address:	Wellington,	233414
Hen hegimered Office Address.		(City) , Florida (Zip Code)
		·
New Registered Agent's Signature, if cl	nanging Registered Agent	
nereav accept the appointment as regist	ered agent. I am familiar s	with and accept the obligations of the position.
Va	h Jul	
	Signature of New R	legistered Agent, if ghanging

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD —	SCHMIDT, JUERGEN W.	1796 SW FOXPOINT TRAIL
Add			PALM CITY, FL 34990
X Remove			
2) Change	S	SCHMIDT, KATHRYN, W	1796 SW FOXPOINT TRAIL
Add			PALM CITY, FL 34990
X Remove			
3) Change	PD	Rodolfo Ladicani II	11279 Acine Rd.
X Add			Wellington, FL.33414
Remove			
4) Change	ST	Robin K. Ladicani	11279 Acme Rd
x Add			Wellington, FL. 33414
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Mach additional sheets, if necessary).	(Be specific)
-	
_	
	
an amendment provides for an excha	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment date this document was signed.		, if other than the
,	05/04/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	this block does not meet the applicable statutory filing requirements, this dather Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s re sufficient for approval.)
☐ The amendment(s) was/wer must be separately provide	e approved by the shareholders through voting groups. The following stateme d for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	, and an area of the second and area of the second area of the second and area of the second and area of the second	
05/04/	2018	
DatedSignature	worder W. Schmick	
sd	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Juergen W. Schmidt	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	

. . . .