(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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03/16/12--01033--007 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations	•	
FI Con Co	rn	
NAME OF CORPORATION: El Con Co	<u></u>	
DOCUMENT NUMBER: 752415		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Barbara E. Wrigh	nt	
	Name of Contact Perso	n
Wright Accounting	-	
	Firm/ Company	
1226 N Tamiami	Trail suite 200	
_	Address	
Sarasota, FL 342	236	
	City/ State and Zip Cod	le
Barbara@wright-tax	.com	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Barbara E. Wright	_{at (} 941	, 366-0344
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

El Con Corp		
(Name of Corporation as currently filed with the Florida De	ot, of State)	
752415		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prits</i> Articles of Incorporation:	rofit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
	7	The new
name must be distinguishable and contain the word "corporation," "comp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p word "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abb rofessional corporation name must co	reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Œ.
		12 MAR 16 AM 10: 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16
		10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:		0 , 4
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:	, Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and ac	ecept the obligations of the position.	
Signature of New Registered Agent, if ch	anging	

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 <math>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) <u>×</u> Change Add Remove	P	Arthur Thevenin	3615 Quall Hollow Place Bradenton, FL 34210
2) × Change Add Remove	s	Gordie Dye	268 South Harbor Dr Holmes Beach, FL 34217
3) Change Add Remove	<u> </u>	_	
4) Change Add Remove		_	
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Arti-	icles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
If an amandment provides for an aval-	sange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 011212	
Effective date if applicable:	11212
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated_01121	2
Dated 01121 Signature	m-
(By a c	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
ирроп	ned fiducially by that fiducially)
	Arthur Thevenin
	(Typed or printed name of person signing)
	President
	(Title of person signing)