F13046

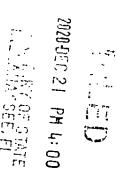
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ELECTRO-LAB II	, INC.	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	PATRICIA ANNE HARDER		
		Name of Contact Person	l
	ELECTRO-LAB H, INC.		
		Firm/ Company	
	208 W. VINE ST.		
		Address	
	INVERNESS FL 34450		
		City/ State and Zip Code	
	ANNEHARDER43@AOL.C	ОМ	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, please	se call:at (726-6129
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	≤S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ELECTRO-LAB II, INC. (Name of Corporation as currently filed with the Florida Dept. of State) F13046 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: PATRICIA ANNE HARDER Name of New Registered Agent (Florida street address) New Registered Office Address: . 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.

Patricia and Hardle 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: 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) Change	PD	W.G. HARDER	208 W. VINE ST.
Add			INVERNESS FL 34450
X Remove			
2) Change	PD	PATRICIA ANNE HARDER	208 W. VINE ST.
X Add			INVERNESS FL 34450
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional sheets, if n	tional Articles, enter change(s	s) here:	
(Attach adamonal sheets, if h			
	N/A	······································	
			
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	-		
If an amendment provides	for an exchange, reclassificating the amendment if not conta	on, or cancellation of issued s	hares.
provisions for implementi	ng the amendment if not conta	ined in the amendment itself	<u> </u>
(if not applicable, indic			
	N/A		
		_	
	··· · · · · · · · · · · · · · · · · ·		
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The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:	N/A	
	N/A (no more than 90 days after amendment	file date)
Note: If the date inserted in this block does redocument's effective date on the Department o		uirements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		or the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for approva	ľ
by		
(vo	ting group)	
Dated Dec. 14 Signature X Patro	t, 2020 cia anne Hard	L
	sident or other officer – if directors or offic- orporator – if in the hands of a receiver, tru	
	y by that fiduciary)	
PATRICI/	A ANNE HARDER	
	(Typed or printed name of person signing)	
PRESIDE	NT AND DIRECTOR	
	(Title of person signing)	