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An Lind

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORA	TION: STATELINE POW	ER CORP.		
DOCUMENT N	UMBE	R: P01000001916	-		
The enclosed Ar	ticles of	Amendment and fee are su	bmitted for f	iling.	
Please return all	correspo	ondence concerning this ma	tter to the fol	lowing:	
	11.	ENIS PANTALEON			
		<u>. </u>	Name of	Contact Person	1
	T	RADEWINDS POWER CO	ORP.		
		······································	Firm/	Company	· · · · · · · · · · · · · · · · · · ·
	58	320 NW 84TH AVENUE			
			A	ddress	
	M	IAMI, FL 33166			
			City/ State	and Zip Code	e
	ip	antaleon@tradewindspower	r.com		
		E-mail address: (to be us	sed for future	annual report	notification)
For further infor	mation c	oncerning this matter, pleas	se call:		
ILENIS PANTALEON		a	305	592-9745 EXT 147 de & Daytime Telephone Number	
N	lame of	Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a che	eck for t	he following amount made	payable to th	e Florida Depa	artment of State:
S35 Filing F	ee	□\$43.75 Filing Fee & Certificate of Status	Certified	al copy is	☐\$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 Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CTA:	THE	INF	POWER	CORP
JIA	1	.1171	10116	CONT

(Name	of Corporation as currentl	y filed with the Florida Dept. of State)	
P01000001916			
-	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation adopts the fo	llowing amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,"	Corp." "Inc." or "Co". A		eviation "Corp.,"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
		 	707
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	(
			4. T
5 15 1 1 1 1 1 1 1 1			<u> </u>
D. If amending the registered agent at new registered agent and/or the ne			(A)
Name of New Registered Agent	N/A		
Mante of New Neglineren Agent	-		
	(Florida str	cet address)	
No. Design 100 at 11	N/A	·	
New Registered Office Address:		, Florida <i>(City)</i>	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ition
The end approximation as regard	ieren ugenn 7 am janumin 1	The same decept, the same gamma of the first	
	7. 7. 7.		
	Signature of New Ro	egistered 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 Doc	
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	CFO	CHARLES WEEKS	5820 NW 84TH AVENUE
Add			MIAMI, FL 33166
X Remove			
2) Change	CFO	CHARLY SMITH	5820 NW 84TH AVENUE
X Add			MIAMI, FL 33166
Remove 3) Change	MNG	ILENIS PANTALEON	5820 NW 84TH AVENUE
X Add			MIAMI, FL 33166
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if nece	nal Articles, enter change(s) here: essary). (Be specific)	
N/A	many, (ve operate)	
18//		,
.		
Haran Para Para Para Para Para Para Para		
F. If an amendment provides for	an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing t	the amendment if not contained in the amendment itself:	•
(if not applicable, indicate	N/A)	
N/A		
		
		
		,
		-
		-

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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	
The date of each amendment(s) adoption date this document was signed.		_, if other than the
6/30/2020 Effective date if applicable:		
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departme	bes not meet the applicable statutory filing requirements, this date will not of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes east for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement ofting 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)	
	(voting group)	
6/30/2020 Dated		
Signature	- The I Ta	
selected, by an	president or other officer – if directors or officers have not been a incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
••	IAS J. TRACY, III	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	