PO 100009945

(Re	equestor's Name)			
(Ad	ldress)			
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ECRETARY OF STATE

LLAHASSEE, FLORI

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Accurate Electrica	al Contracting, Inc.			
DOCUMENT NUME	P100009745				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	ter to the following:			
	Arthur Engelmann				
		Name of Contact Persor	1		
	Accurate Electrical Contracting, Inc.				
		Firm/ Company			
	7193 Guilloti Place	, -			
		Address			
	Port St. Lucie, Florida 34952-2912				
		City/ State and Zip Code	3		
linda(@lgats.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information Arthur Engelmann	n concerning this matter, pleas	se call: at (370-5755		
Name o	of Contact Person		de & Davtime Telephone Number		
	r 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)		
Anic Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301		

Articles of Amendment

to

Articles of Incorporation

Accurate Electr	ical Cor	tractina.	_ .Inc		
POLODODANUS	tion as currently file	ed with the Florida De	pt. of State)		
(Docu	ment Number of Cor	rporation (if known)			
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	la Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the foll	lowing amendment(s) to
A. If amending name, enter the new name of the c	corporation:				
N/A				The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co"	. A professional corpo		the abbreviation	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		N/A		18 JUL -2 PH	ί Σ
D. If amending the registered agent and/or registered agent and/or the new registered		in Florida, enter the na	ame of the	3: 21 ORIDA	
Name of New Registered Agent	N_A	<u> </u>		· ·	
New Registered Office Address:	(Florida street d NJA (Cit	uddress)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept the obligation	ons of the posi	ition.	
~	N/1	4 Stered Agent, if changing			
Sig	gnature of New Regi:	sterea Agent, ij changing	Ŗ.		

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	PT	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	Arthur Engelmann	7193 Gullotti Place
Add			Port St. Lucie, Florida
Remove			34952-2912
2) Change	s	Dorise Virgilo	7193 Gullotti Place
X Add			Port St. Lucie, Florida
Remove			34952-2912
3) Change			
Add	<u> </u>		
Remove			
Kemake			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additi	ional sheets, if necessary). (Be specific)	
	N/A	
	,	
		
		-
If an amend provisions	ment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not e	applicable indicate N/4V	
	N/A-	_
	·	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file of	
(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	nents, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amend	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
hy'''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action a action was not required.	nd shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and staction was not required.	hareholder
Dated	
Signature H	
(By a director, president or other officer – if directors or officers h	nave not been
selected, by an incorporator – if in the hands of a receiver, trustee	, or other court
appointed fiduciary by that fiduciary)	
Arthur Engelmann	
(Typed or printed name of person signing)	·
President	
(Title of person signing)	

the

the

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