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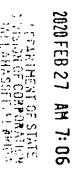
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: KAZARS ELECTI	RIC, INC	
DOCUMENT NUMB		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
i	DAVID R KAZAR		
_		Name of Contact Person	
I	KAZARS ELECTRIC, INC		
-		Firm/ Company	
1	0600 LAND O LAKES BL	VD	
_		Address	
I	LAND O LAKES FL 34638		
_		City/ State and Zip Code	
I	RESSARY@KAZARSELEC	CTRIC.COM	
_	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		929-9500
Name o	f Contact Person	at (Area Coc	929-9500 le & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ng Address Indment Section Identification of Corporations Box 6327 Index 63214	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

KAZARS ELECTRIC INC.

KNEAKO EEEE TRIC, INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P03000005865	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	202
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX)	
(Maining dualess MAT DE A TOST OF TICE DOA)	FAIN B
	Short 💂 🔳
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida stree	t address)
New Registered Office Address:	, Florida
(C	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
, and the second	, 0 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Signature of New Reg	istered Agent, if changing
Check if applicable	

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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	RYAN HODE	10600 LAND O LAKES BLVD
X Add			LAND O LAKES, FL 34638
Remove			<u> </u>
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach addition	adding additional Art al sheets, if necessary).	(Be specific)			
					. <u> </u>
		·			
	 				
	 				
		<u></u>			
			<u> </u>		
					· · · · · · · · · · · · · · · · · · ·
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If an amendm	ent provides for an exc r implementing the am	hange, reclassifi	ication, or cancell	ation of issued shi	ar <u>es,</u>
(if not ap	plicable, indicate N/A)	endinent ii not t	.omained in the a	menument usem.	
			<u></u>	· · · · · · · · · · · · · · · · · · ·	
					

The date of each amendment(s date this document was signed.) adoption:	, if other than th
	2/24/2020	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	ı
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
02/24/20 Dated	20	
Signature	a director, president or other officer – if directors or officers have not been	
sele	eted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	DAVID R KAZAR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	