# P03000019609

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C.COULLIETTE

MAR 0 3 2011

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:	ver Eleatric, Inc.		
DOCUMENT NUMBER: <u>\$030000</u>	19609		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Vames Name	COVE		
Palm River	Flectric, Inc		
1330 Railhead Bl	Address #3		
Naples, Flor	State and Zip Code		
E-mail address: fto be used for	r future annual report notification)		
For further information concerning this matter, ple	ase call:		
Name of Contact Person	at (239) 325-9092 Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made	e payable to the Florida Department of State:		
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
1 411411435CC, 1 12 2/23 14	ZOUT EXECUTIVE CERTET CITCLE		

Tallahassee, FL 32301

#### **Articles of Amendment** to

### Articles of Incorporation of

Name of Corporation as curren	ectric Tul	Dent of State)	
PO300001960			
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation ad	opts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "profes	designation "Corp," "Inc,	," or "Co". A professional	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC  D. If amending the registered agent and/or renew registered agent and/or the new regist	E BOX)	n Florida, enter the name of	11 FEB 28 AM 8: 57
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	ddress)	
_	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with ar		re position.
Sic	nature of New Registered	l Agent if changing	

## 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)

<u>Title</u>	Name	Address	Type of Action
44	James Vaux	2247 Grove Drive Naples FL 34120	Add  Remove
			☐ Add ☐ Remove
			Add Remove
	nding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
<u>provis</u>	mendment provides for an exchange, rions for implementing the amendment not applicable, indicate N/A)		

The date of each amendment(s	adoption: 2 /2 3/11
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
·	,
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	.,,
(	voting group) ."
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	128/11
Signature	And Vin
seleg	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 nted fiduciary by that fiduciary)
	James Vaux
	(Typed or printed name of person signing)
	Vice fresident (Title of person signing)