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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PAGE MASTERS ELECTRICAL INC
DOCUMENT NUMBER: PO400075193
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
PAGEMASTERS ELECTRICAL INC
45102 MUSS FEWHITE RD Address
CALLAHAN FL 32011 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (904) 483-7314 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$35.50 Filing Fee Certified Copy (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

(Name of Corporation as currently filed with the Florida Dept. of State) POLYDOO 15 193 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address)	(Name of Corporation as currently fi	CTRICAL INC
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Name of New Registered Agent		
Name of New Registered Agent	_	<u> </u>
Name of New Registered Agent		
Name of New Registered Agent	If amending the registered court and described as a	
Name of New Registered Agent	new registered agent and/or the new registered office address:	in Florida, enter the name of the
(Florida street address)	Name of New Registered Agent	
(Florida street address)		
	(Florida street a	ddress)
New Registered Office Address:	New Registered Office Address:	Florida
(City) Zip Code)		
New Registered Office Address:, Florida	(Florida street a New Registered Office Address:	, Florida

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>P1</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>	Address
1) Change		Thomas C Brown	15653 Tison Rd
Add			Jacksonville FL 32218
X Remove			
2) Change		Michael Hill	1406 Grandoiew Or
X Add			Jacksonville FL 32211
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additio	r adding additional Articl nal sheets, if necessary).	(Be specific)	 -		
					
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nan amenan provisions fo	ent provides for an excha r implementing the amen	nge, reclassification	in, or cancellation	n of issued shares,	
(if not at	plicable, indicate N/A)	ument ii not conta	med in the amen	oment itsen:	
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The date of each amendment(s) adoption date this document was signed.	otion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file do	ate)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirement of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	ed by the incorporators, or board of directors without shar	reholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficiently.	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
☐ The amendment(s) was/were appromust be separately provided for each	ved by the shareholders through voting groups. The follo ch voting group entitled to vote separately on the amendr	wing statement nent(s):
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated	3-20	
Signature	mitty Klad	
(By a directed, b	etor, president or other officer – if directors or officers havy an incorporator – if in the hands of a receiver, trustee, offiduciary by that fiduciary)	ve not been or other court
Ī	(Typed or printed name of person signing)	
_	President	
	(Title of person signing)	