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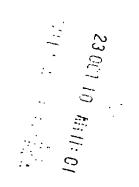
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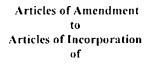


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MS ELECTRONIX	, INC.	
DOCUMENT NUM	BER:		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Neal Bonavia		<u> </u>
		Name of Contact Person	
	MS ELECTRONIX, INC.		
		Firm/ Company	
	305 MARSHALL CIRCLE		
		Address	
	ST. AUGUSTINE, FL 32086		
		City/ State and Zip Code	
	neal@americanconnectorsupp	pły.com	
		sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
R. Kevin Sharbaugh	. Esq.	386 at (530-2955 de & Daytime Telephone Number
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations Ientre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303



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		300 m
•	Articles of Amendment to	
	Articles of Incorporation	
C PLECTRONING INC	of	
S ELECTRONIX, INC.	of Comments and State with the Election Death of	
(<u>Name (</u> 04000083315	of Corporation as currently filed with the Florida Dept. of	state)
	(Document Number of Corporation (if known)	
rsuant to the provisions of section 607. Articles of Incorporation:	.1006. Florida Statutes, this Florida Profit Corporation adopts	the following amendmen
. If amending name, enter the new na	name of the corporation:	
		The new
Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		
(Mailing address MAY BE A POST) 1. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the registered office address:	f the
(Mailing address <u>MAY BE A POST</u>) Lift amending the registered agent an	nd/or registered office address in Florida, enter the name of the registered office address:	
(Mailing address MAY BE A POST) If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the registered office address:	
(Mailing address MAY BE A POST) 1. If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida, enter the name of the registered office address:	

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 Doc				
X Remove	$\underline{\mathbf{V}}$	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s		
1) Change	S		Nathan Crockett	305 MARSHALL CIRCLE		
x Add		_		ST. AUGUSTINE, FL 32086		
Remove						
2) Change		_				
Add						
Remove 3) Change		_				
Add						
Remove						
4) Change		_				
Add		_	·			
Remove						
5) Change		_				
Add						
Remove						
6) Change						
Add		_				
Remove						
Kemove						

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Amendment to Article IV as follows:	
The number of shares the corporation is authorized to issue is: 100	
	_
	
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	<u>-</u>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
	

production of the second

	22 September 2023 The date of each amendment(s) adoption:
•	date this document was signed.
	Effective date if applicable: (no more than 90 days after amendment file date)
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
	Adoption of Amendment(s) (CHECK ONE)
	☐ The amendment(s) wav/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	□ The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(v).
	"The number of votes cast for the amendment(s) was/were sufficient for approval
	by
	(voting group)
	Dated 9 22 2023
	Signature T West Bonswin
	(By a director, president or other officer - if directors or officers have not been
	selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	NEAL BONAVIA
	(Typed or printed name of person signing)
	Vice President
	(l'itle of person signing)

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