P050000 43383

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Engineered Po	ower Products. Inc
DOCUMENT NUMBER: P05000043383	
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Albers, Michael S	
	Name of Contact Person
Engineered Power Produ	
	Firm/ Company
9334 Plantation Estates E	• •
	Address
Royal Palm Beach, FL 33	3411
	City/ State and Zip Code
mike.albers@epprep.com	1
E-mail address: (to b	be used for future annual report notification)
For further information concerning this matter, p	
Michael S Albers	at (561 758-9601
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	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

Engineered Power Products. Inc	~ €

(<u>Name</u> P05000043383	e of Corporation as current	ly filed with the Florida Dept. of State)	
rv3000043383			_
		f Corporation (if known)	
Pursuant to the provisions of section 60 ts Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the fol	lowing amendment(s) t
A. <u>If amending name, enter the new (</u> N/A	name of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	\mathbf{v}_{uv} , mc or v	company," or "incorporated" or the abbre A professional corporation name must c	The new eviation "Corp.," contain the word
3. Enter new principal office address Principal office address <u>MUST BE A</u>	, if applicable: STREET ADDRESS)	N/A	<u>_</u>
			
Enter new mailing address, if app (Mailing address MAY BE A POST	licable: OFFICE BOX)	N/A	
			2820 K
. If amending the registered agent at new registered agent and/or the ne	nd/or registered office addr w registered office address:	ess in Florida, enter the name of the	AR 30
Name of New Registered Agent	N/A		79 79 € 24 1.
			72:1
	(Florida stre	et address)	91 =
New Registered Office Address:	N/A	City) , Florida,	(Zip Code)
			, ,
ew Registered Agent's Signature, if clereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wi	ith and accept the obligations of the positi	on,
-	C:		<u>.</u>
	Signature of New Reg	gistered Agent, if changing	

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 = ChiefExecutive 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>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>V</u>	William G Edwards	1802 Cabana Ct.
X Add			The Villages, FL 32159
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add		 _	
Remove			
5) Change		-	
Add			
Remove			
6) Change	_		
Add		· — — — — — — — — — — — — — — — — — — —	
Remove			

(Attach additional	sheets, if necessary).	cles, enter change(s)	<u> 1101 e</u> .		
N/A	media, ij necessary).	(be specific)			
					
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Γ 16					
F. If an amendment p	Novides for an excha	nge, reclassification,	or cancellation of	issued shares.	
(if not applicat	olementing the ameno ble, indicate N/A)	ument ii not containe	d in the amendme	ent itself:	
N/A					
<u></u>					
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3/28/2020
The date of each amendment(s) adoption: date this document was signed if other that
date this document was signed, if other that
3/28/2020 Effective date <u>if applicable</u> :
(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 a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/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(s): "The number of votes cast for the amendment(s) was/were sufficient for approval byMichael Albers President and 100% share holder
(voting group)
3/28/2020 Dated
(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)
Michael S Albers
(Typed or printed name of person signing)
President
(Title of person signing)