P05000135615

(Requestor's Name)	_			
(Address)	_			
(Address)	-			
(City/State/Zip/Phone #)	-			
PICK-UP WAIT MAIL				
(Business Entity Name)	-			
(Document Number)	_			
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				
J. HORNE APR 20 2023				

Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: KDT Electrical C	ontracting, Inc.	
DOCUMENT NUM	D0500135615	.=	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kelly Bixler		
		Name of Contact Person	1
	KDT Electrical Contracting		
		Firm/ Company	
	191 W. Ohio Avenue		
		Address	
	Lake Helen, Fl. 32744		
		City/ State and Zip Code	e
	kdtkb04@cfl.rr.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Kelly Bixler		at (532-3418
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	023 SEC	
KDT Electrical Contracting, Inc	of	AR THE
	poration as currently filed with the Florida Dept. of	State) (777 6
P0500135615		
(I	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopt	s the following amendment(s
A. If amending name, enter the new name of	the corporation:	
	ord "corporation," "company," or "incorporated" or to "Inc," or "Co". A professional corporation name abbreviation "P.A."	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)	icable:	
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 regis	egistered office address in Florida, enter the name of tered office address:	of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	,	orida
www.negssered Office Address.	(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	ng Registered Agent: gent. I am familiar with and accept the obligations of	the position.
	Signature of New Registered 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 = 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	PT	John Do	<u>2</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	<u>aith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change	S		Travis L. Woodard	2258 E. Farbanks Dr.
XX Add				Deltona, Fl. 32725
Remove				
2) Change	-			
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Add				

	adding additional A al sheets, if necessary,). (Be specific)			
					
	-				
			 		
			 		
			-		
					
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				· · · · · · · · · · · · · · · · · · ·	
If an amendme	ent provides for an ex implementing the ar	change, reclassific	cation, or cancella	tion of issued share	<u>!\$.</u>
provisions for (if not app.	timplementing the ar dicable, indicate N/A)	nendment it not c	ontained in the am	endment itself:	
	,				
			 		
<u> </u>					
				····	

	adoption:	, if other than the
late this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file dat	(e)
Note: If the date inserted in this locument's effective date on the l	block does not meet the applicable statutory filing requireme Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the a sufficient for approval.	mendment(s)
	pproved by the shareholders through voting groups. The follow or each voting group entitled to vote separately on the amendm	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
Februar Dated	y 6, 2023	
Signature	KOORY	
selec	director, president or other officer – if directors or officers hav ted, by an incorporator – if in the hands of a receiver, trustee, o inted fiduciary by that fiduciary)	
	Kelly A. Bixler	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	