Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000116472 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

: (813)932-5244

Phone Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN PROFESSIONAL ENERGY SOLUTIONS, INC.

Certificate of Status	0
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Page Count	05
Estimated Charge	\$35.00

Help

COVER LETTER

To:

(((H15000116472 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: PROF	essional energy soluti	ons, INC.	
	MBER:		5	
	les of Amendment and fee a		ω ·	
Please return all co	rrespondence concerning thi	s matter to the following:	E G	
	.TE	SSICA BROWNING	平名 4.	
•		ame of Contact Person		
	CONTRACTORS	REPORTING SERVICE, IN	rc	
13795 N Nebraska Ave				
		Address		
	Ta	ampa, FL 33613		
	C	ity/ State and Zip Code		
_		VATEMYLICENSE . COM d for future annual report notification)		
For further informa	ation concerning this matter,	please call:		
jes	SICA BROWNING	at (813) 932	-5244	
Name	of Contact Person	Area Code & Daytime To	elephone Number	
Enclosed is a check	c for the following amount n	nade payable to the Florida Depa	rtment of State:	
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ac		Street Address		
Amendmen		Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee	, FL 32314	2661 Executive Center Circ Tallahassee, FL 32301	cie	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

((H15000116472 3)))

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)

To:

Title	<u>Name</u>	Address	Type of Action
A-VP	MICHAEL R DONAHUE	22158 WEEKS BLVD	□ Add
		LAND O'LAKES, PL 34639	Remove
			☐ Add
			☐ Remove
			□ Add
			☐ Remove
			□ Add
			☐ Remove
			☐ Add
			Remove
			☐ Add
			☐ Remove
	ng or adding additional Articles, e litional sheets, if necessary). (Be s		
provision	endment provides for an exchange is for implementing the amendment applicable, indicate N/A)	reclassification, or cancellation of issued share at if not contained in the amendment itself:	<u>s.</u>
			
			

MM 1 . 4 1 1 . 4 1	(((H15000116472 3))
The date of each amendment(s) a	loption:(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK QNE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	or the amendment(s) was/were sufficient for approval
by(vot	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 5/13/2	015
Signature	VZ-bHAT
(By a die selected,	ector, president or other officer — if directors or officers have not been by an incorporator — if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	THOMAS HEBERT
_	(Typed or printed name of person signing)
_	VP
	(Title of person signing)

From: Jessica Browning Fax: +1 (813) 932-5244 104

Fax: +1 (850) 617-6380

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