P0600156474

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15 APR -2 AHII: 55 SECRETARY OF STATE TALL AHASSEE, FLORID



COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations			
NAME OF CORPORATION: 4 DOCUMENT NUMBER: PO	Attard Co 6000156	ntracting Corp 474	D
The enclosed Articles of Amenda	nent and fee are su	abmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following:	
Steve	Attard		
Attaro	l Contrac	Name of Contact Person ting Corp.	1
200 V	Valdo Ave	Firm/ Company North	
Lehig	h Acres,	Address Florida 33971	
<u> </u>		City/ State and Zip Code	e
	address: (to be u	tpowerandlight sed for future annual report se call:	
Steve Attard		at (239	,440-1992
Name of Contact I	erson		de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	artment of State:
	75 Filing Fee & ificate of Status	☐\$43.75 Filing Fec & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	Amend Divisio Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Insect FL 32301

Articles of Amendment Articles of Incorporation

Gulf Coast Power and Light Co	of	
(Name of Corporation as currently filed with		-
P06000156474		
(Document Number of Corpora	ation (if known)	~
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporati	ion:	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co" or the designation "Corp." "Inc, word "chartered," "professional association." or the abbrevia	" or "Co". A professional corporation name must	
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)		-
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		_
Name of New Registered Agent		
	rida street address)	
New Registered Office Address:	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.	15 APR -2 SECRETARY TALLAHASSE
Signature of New Regis	stered Agent, if changing	EC A

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 Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	Vice Prailet Mark Cromika	3060 Meandering Way
Add		Fort Myers, Florida 33905
Remove		
2) Change		
Add		
Remove		
3) Change		18 P. S. L.
Add		
Remove		<u> </u>
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

	·
	<u>i shares,</u>
If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A) Re-allocate shares:	<u>:lf:</u>
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	<u></u>
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A) Re-allocate shares: Steve Attard 290	<u></u>
provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A) Re-allocate shares:	<u></u>

The date of each amendmen	t(s) adoption: 03/28/2015	, if other than the
date this document was signed		
Effective date if applicable:	03/28/2015 (no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 03/2	28/2015	
Signature _	A	
(I s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Steve Attard	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_

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