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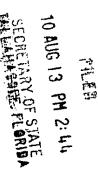
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COVER LETTER

TO: Amendment Section

Division of Corporations

,	
NAME OF CORPORATION: Mason 7	Electric & Communications, Inc
DOCUMENT NUMBER:	00132694
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
<u>Charle</u>	s H Na San e of Contact Person
_Nason Electi	Firm/ Company
5116 Ha	Address Lane
West P	State and Zip Code
	tinet or future annual report notification)
For further information concerning this matter, ple	ease call:
Name of Contact Person	at (<u>561</u>) <u>210-3/75</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
\$35 Filing Fee \$\ \tag{Certificate of Status}	□\$43.75 Filing Fee & □\$52.50 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

PALES

	Articles of Incorporation of	10 AUG 13 PM 2: 44
Nason Electr	ic & Communication of the control of	TONS METARY OF STATE
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		ida Profit Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
Nason name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	or "Co". A professional corporation
B. <u>Enter new principal office address, if a</u> (Principal office address <u>MUST BE A STR</u>		N/A
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NIA
D. If amending the registered agent and/onew registered agent and/or the new remains and the new registered agent:		lorida, enter the name of the
New Registered Office Address:	(Florida street addi	ress)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered.	ed agent. I am familiar with and	
	Signature of New Registered A	gent, if changing

		s, enter the title and name of each officer/di	rector being
		each Officer and/or Director being added:	
(Attach add	ditional sheets, if necessary)		
Title	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			☐ Add
			Remove
			L Kemove
			C 4 1 1
			Add
			☐ Remove
	2		
E. If amer	ding or adding additional Artic	cles, enter change(s) here:	
(attach d	additional sheets, if necessary).	(Be specific)	
			
F 16		h ::::::: -4:::	
		hange, reclassification, or cancellation of iss	
provis	ions for implementing the amer	ndment if not contained in the amendment i	tself:
(<i>if</i>)	not applicable, indicate N/A)		
			·
			
			
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	<i>L</i> '		

The date of each amendment(s)	adoption:	08/10/10
	(date of adoption is required)	nG/10/10
Effective date <u>if applicable</u> : (n	o more than 90 days after amendment file date	<u>, 00/10/10</u>
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of vo sufficient for approval.	otes cast for the amendment(s)
	approved by the shareholders through voting gror each voting group entitled to vote separately	
"The number of votes cas	t for the amendment(s) was/were sufficient for	approval
by	"	
(ve	oting group) "	
The amendment(s) was/were a action was not required.	adopted by the board of directors without share	holder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without sharehold	er action and shareholder
Dated	08/10/10	
Signature (By a c	Muly Mascu director, president or other officer – if directors	s or officers have not been
selecte	ed, by an incorporator – if in the hands of a receited fiduciary by that fiduciary)	
	Charles H. M	lason
	(Typed or printed name of person signature)	gning)
	President	4
-	(Title of person signing)	