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(((H110001260353)))



H110001260353ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870 Fax Number : (850)222-1222

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIDWEST ELECTRIC SERVICES, INC.

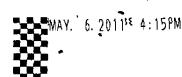
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May 6, 2011

FLORIDA DEPARTMENT OF STATE

MIDWEST ELECTRIC SERVICES, INC. Division of Corporations

2516 SW 22 PL

CAPE CORAL, FL 33914

SUBJECT: MIDWEST ELECTRIC SERVICES, INC.

REF: P09000031561

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the date of adoption at the top of page 3.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H11000126035 Letter Number: 511A00011248 Articles of Amendment

FILED

	, pp A -42-1-4 - 67			
	Articles of Incorp	жито п	2011 MAY -6	PM 4: 16
Midwest		zic SERVic		
(Name of Corporation as cu			TALL AHASSE	E, FLORIDA
_		- · ·	INC.	
(Document No	100021.	(if known)		
((11 1210 1127)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation.	06, Florida Statutes,	this Florida Profit Corpo	prution adopts the	following
A. If amending name, enter the new name	of the corporation:			
			The	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the				
name must contain the word "chartered," "pi	rofessional associatio	n," or the abbreviation "I	A."	
B. Enter new principal office address, If ap	mHaablas	25//2 511 :	aard ec	<u>.</u>
(Principal office address MUST BE A STRE	ET ADDRESS)	XUIN CW	- 270	iel
		2516 SW &	F. 55%	7
	_			
O. F	•			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	ICE BOX)	CLAUS SC		ュア
		2516 SW 80	2701 PC	
	`	Cape Corol,	FL 33919	'
D. If amending the registered agent and/or		•	-	
new registered agent and/or the new re-	ristered office addre	<u>ss:</u>		
Name of New Registered Agent:	CLAUS S	HNOCHERT		
	25/65	W 2219 Pr		
New Registered Office Address:	(Florida)	W 22 nd Pl street address)		
	Capa C	Flo	rido 839 K	f
	(City)	(Zip Code	e)	
New Registered Agent's Signature, if chang	ing Registered Ager	1 5 7		
I hereby accept the appointment as registered	agestf I am familia	with and accept the obliga	ations of the positi	on.
	Clever - Seh	worked		
_	Signature of New Re	gistered Agent, if changing		

If amending the Officers and/or Directors, enter the fitle 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)

Title

Name

Address

Type of Artion

Address

Type of Artion

P

DAVID

NERMERSKIRCHEN

334

Add

Cape Cocal

Remove

Cap

provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicase N/A)

MAY. 6.2011 4:15PM	CAPITAL CONNECTION	NO. 5366	P3
The date of each amendmen	at(s) adoption: $\frac{5/3/20}{\text{(date of adoption is require}}$	//	_
	(date of adoption is require	:d)	•
Effective date if applicable:	(no more than 90 days after amendment file d	ate)	,
Adoption of Amendment(s)	(CHECK ONE)		
	ere adopted by the shareholders. The number of vere sufficient for approval.	votes cast for the amendmen	nt(s)
	ere approved by the shareholders through voting led for each voting group entitled to vote separat		ment
"The number of votes	s cast for the amendment(s) was/were sufficient t	for approval	
by	(voting group)		
The amendment(s) was/w action was not required.	ere adopted by the board of directors without sha	areholder action and sharehol	Ider
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareho	older action and shareholder	
Dated	5/3/8011 1	1_	
Signature _	Main Schunkult	·	
	y a director, president or other officer - if director		4
	ected, by an incorporator — if in the hands of a re pointed fiduciary by that fiduciary)	ceiver, trustee, or other cour	τ
	CLA125 St.H. (Typed or printed name of person	WOCHERT signing)	
	(Title of person signing)	OLE JACORPOYO	tor, Own