# P0900042499

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AUG 01 2017 S. YOUNG





### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 14, 2017

J. THOMAS CONROY, III CONROY, CONROY & DURANT, P.A. 2210 VANDERBILT BEACH ROAD STE 1201 NAPLES, FL 34109

SUBJECT: TIER ELECTRIC OF CENTRAL FLORIDA, INC.

Ref. Number: P09000042497

We have received your document for TIER ELECTR!C OF CENTRAL FLORIDA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 317A00012089

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TIER ELECTRIC	OF CENTRAL FLORIDA	, INC.
DOCUMENT NUMB	ER: P09000042497		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
	J. THOMAS CONROY, III		
-		Name of Contact Persor	1
(	CONROY, CONROY & DU	RANT, P.A.	
-	,	Firm/ Company	
:	2210 VANDERBILT BEAC	• •	
-		Address	<u> </u>
1	NAPLES, FL 34109		
-		City/ State and Zip Code	2
NELS	ON.DOUG@COMCAST.NI	ET	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
J. THOMAS CONRO	Y, III	at ( 239	649-5200
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

( <u>Name</u>	of Corporation as currently filed with the Florida Dept. of State)			
TIER ELECTRIC OF CENTRAL FLOR	RIDA, INC. POY 0000 Y2 497			
	(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607	.1006, Florida Statutes, this Florida Profit Corporation adopts the fo	allowing amen	ıdmenti	nt (s)
its Articles of Incorporation:	1.1000, Fronda Statutes, this Fronta Froga Corporation adopts the te	mowing amen	ument	(3) 10
A If amonding name agree the name	ama of the assumanations			
A. If amending name, enter the new n	ame of the corporation:			
			new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	ntain the word "corporation," "company," or "incorporated" or nation "Corp," "Inc," or "Co". A professional corporation name ation," or the abbreviation "P.A."	the abbrevia must contain	ition 1 the	
B. Enter new principal office address,	if applicable:			
(Principal office address MUST BE A S			_	
			_	
C. Enton now mailing address if annu	Saabla			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
		<u>~~:</u> >>∑:	17	
			_, `	
D. If amending the registered agent ar	nd/or registered office address in Florida, enter the name of the	54.0 54.0		77
new registered agent and/or the ne		٠	28	-
Nome of Viva Pasiatoned (saut	J. THOMAS CONROY, III	in the		[17]
Name of New Registered Agent	2210 VANDERBILT BEACH ROAD, SUITE 1201		<u>:</u>	فريها
	(Florida street address)		\ \.	
	NAPLES 34	3**** 1109	CF	
New Registered Office Address:	(City), Forida	(Zip Code)	_	
	(Cuiv)	(z.ip Coae)		
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	tered agent. I am familiar with and accept the obligations of the pos	ition.		
ج				
	Signature of New Registered Agent, if changing			
	/			
	/			

## 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 <math>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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	i
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	LAWTON, DENNIS M	-
Add X Remove			
2) Change	VPST	CAMMARATA, JOHN W	
Add X Remove			
3) Change	DP	DOUGLAS NELSON	4172-B CORPORATE SQUARE
X Add			NAPLES, FL 34104
Remove			
4) Change	DVST	KAREN NELSON	4172-B CORPORATE SQUARE
X Add			NAPLES, FL 34104
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessa	Articles, enter charry). (Be specific)	)			
	yy. (ii op oogio)	•			
<u> </u>		. <u> </u>			
······································	<u></u>				
					•
			<del></del>		
f an amendment provides for an	exchange, reclassi	ification, or cand	ellation of issued	shares,	
provisions for implementing the (if not applicable, indicate No.	amendment if not	contained in the	amendment itsel	<u>ır:</u>	
(y noi applicable, maicule w	л)				
-					
	<del></del>				

APRIL 27, 2017 The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	•
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	, ,
by	*
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	,
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	,
Dated $4/27/17$	,
$\mathcal{V}$	,1
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	<u> </u>
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	,
	_
Vice President Secretary T	reasurer