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EXAMINER

COVER LETTER

TO: Amendment Section , Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: AAPLX	,	
DOCUMENT NUMBER: P 09	000046831	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	ROMANO Ime of Contact Person	
AApex	Associates Inc.	
5470 NO	w Cara ct	
Port St. L	uile FZ 34986. y/ State and Zip Code	
	14 yahna. Com for future almual report notification)	
For further information concerning this matter, p	olease call:	
Christy Romano Name of Contact Person		705
Enclosed is a check for the following amount ma	ide payable to the Florida Depar	tment 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 Address	Street Address	
Amendment Section	Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation of

	Electric	c.Inc.	
(Name of Corporation as cur			
	900046		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statu	,	on adopts the following
A. If amending name, enter the new name	of the corporatio	<u>on:</u>	
AAQ	ex Assoc	iates Inc.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	ie designation "C	Corp," "Inc," or "Co". A profess	sional corporation
B. Enter new principal office address, if ap	plicable:	5470 NW Carla	C+
(Principal office address MUST BE A STRE		5470 NW Carla Port St. Lucie FL.	34986
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
D. If amending the registered agent and/or new registered agent and/or the new reg			me of the
Name of New Registered Agent:			
New Registered Office Address: (Florida street address)			
		, Florida	ı <u></u>
	(City)	(Zip Code)	()
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered A agent. I am fam	<u>xgent:</u> iliar with and accept the obligation	ns of the position.
	Signature of New	Registered Agent, if changing	OF CORPORA 23 AM II: 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) Title Title Name Address Type of Action E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: Nov 22, 2010	
Effective date if applicable: (date of adoption is required) (no more than 90 days after amendment file date)	_
(no more than 90 days after amendment file date)	~
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	itement
"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 11-22-2010	
Signature (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary) Pau E. Romano (Typed or printed name of person signing)	
President (Title of person signing)	
true or below signing)	