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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION:	All Veterans Electric, I	nc.	
DOCUMENT NUM	NT NUMBER: P09000058384			
The enclosed Article	s of Amendment and fee a	re submitted for filing.		
Please return all corr	espondence concerning thi	s matter to the following:		
_		Eduardo D. Clingo		
	N	lame of Contact Person		
All Veterans Electric, Inc.				
	Firm/ Company			
	5190 Commercial Way			
	Address			
	Sr	pring Hill, FL 34606		
	City/ State and Zip Code			
	allv	ets@live.com		
	E-mail address: (to be use	d for future annual report notification)		
For further informati	on concerning this matter,	please call:		
Edu	ardo D. Clingo	at (352)	585-6900	
	Contact Person	Area Code & Daytime Te	elephone Number	
Enclosed is a check t	or the following amount n	nade payable to the Florida Depa	rtment 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 Add Amendment S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	cle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

All Vetera	ns Electric, Inc.		
(Name of Corporation as curren	ntly filed with the Florida	Dept. of State)	
P090	00058384		÷
(Document Numb	per of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	orida Profit Corporation	adopts the following
A. If amending name, enter the new name of t	the corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "profest. B. Enter new principal office address, if application application of the address MUST BE A STREET. C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.) D. If amending the registered agent and/or renew registered agent and/or renew registered agent and/or the new regist.	designation "Corp," "Inc, essional association," or a cable: "ADDRESS") E BOX) gistered office address in	," or "Co". A profession the abbreviation "P.A."	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	ddress)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar with a		of the position.
Sig	gnature of New Registered	l 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)

' <u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Preside	Eduardo D. Clingo	5190 Commercial Way Spring Hill, FL 34606	☑ Add □ Remove
<u>VP</u>	Charles H. Murray	5190 Commercial Way Spring Hill, FL 34606	☑ Add □ Remove
	dditional sheets, if necessary). (Be	.pecgie,	
		e, reclassification, or cancellation o	
	ot applicable, indicate N/A)		

The date of each amendment(s) adoption: July 21st, 2009
Effective date if applicable:	July 21st, 2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	,,
!	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated July 2	21st, 2009
Signature	MODILLE
(By e	director, president or other officer If directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Eduardo D. Clingo (Typed or printed name of person signing)
	(Typed of printed fiame of person signing)
	President
	(Title of person signing)