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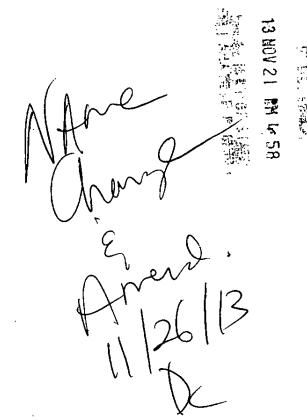
(Re	questor's Name)	-
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

DOCUMENT NUMBER:

P09000072740

The enclosed Articles of Amendment and fee are submitted for filing.

ADRIENNE MARIE MILLER

Name of Contact Person

E.C. ELECTRIC COMPANY

Firm/ Company

400 S RIDGEWOOD AVE #611

Addiess

EDGEWATER FL 32132

City/ State and Zip Code

WOODSONELECTRIC@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIENNE MARIE MILLER

_{at (}321

403-6642

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

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 Articles of Incorporation of

E.C. ELECTRIC COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State) P09000072740

(Document Number of Corporation (if known)

lment(s) to

A. If amending name, enter the new na	me of the corporation:		
WOODSON	I ELECTRIC OF	FLORIDA, INC.	The ne
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation nam	or the abbreviation the must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		400 S RIDGEWOOD	AVE
		#611	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EDGEWATER, FL 32	2132
		400 S RIDGEWOOD	AVE
		#611	
		EDGEWATER, FL 32	2132
D. If amending the registered agent an new registered agent and/or the nev			
Name of New Registered Agent	ADRIENNE MARIE M		
	400 S RIDGEWOOD AVE	#611, EDGEWATER, FL 32132	
	(Florida s	treet address)	
New Registered Office Address:	400 S RIDGEWOOD AVE, #611, EDGEWATER, FL , Florida 32132		
	(Cit)		Code)
New Registered Agent's Signature, if c	hanging Registered Agen	t•	
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the p	osition.
A	Cun Macie	Wile	
Si	gnature of New Registered	Agent, if changing	

Page 1 of 4

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 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>Y</u>	Mike Jones	
X Add		Sally Smith	
	<u>SV</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	DAVID A. MOLLOHAN	
Add			
Remove			
2) Change	PST	ADRIENNE MARIE MILLER	400 S RIDGEWOOD AVE
Add			#611
Remove			EDGEWATER, FL 32132
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add	·		
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
I/A	
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	adment is not contained in the amendment itsen.
16	
/A	
/A	· · · · · · · · · · · · · · · · · · ·
/A	<u> </u>
/A	
/A	·
/A	
/A	-
/A	
I/A	-

The date of each amendment(s) adoption: NOVEMBER 15, 2013	
date this document was signed.	, if other than the
Effective date if applicable:	_
(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(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_NOVEMBER 15, 2013	
Signature Adun Mau Mi (La (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)	
ADRIENNE MARIE MILLER	
(Typed or printed name of person signing)	_
PST	
(Title of person signing)	