(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Bob Ryder E	lectric & Generator Rep	pair, Inc.
. DOCUMENT NUM	BER: P10000053815		
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
		stina Ryder	
	(Name of	f Contact Person)	
	Bob Ryder Electric	& Generator Repair, Inc.	
	(Firm	n/ Company)	
	P.O.	Box 237683	
	. (	Address)	
	Cocoa,	Florida 32923	
<del></del>	(City/ Sta	ate and Zip Code)	
	bobryder E-mail address: (to be use	14@yahoo.com ed for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Christina Ryder		ar ( 321 ) 539-406 (Area Code & Dayti	<u> </u>
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmen	t 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 tassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	r Circle

## Articles of Amendment to Articles of Incorporation of

# Bob Ryder Electric & Generator Repair, Inc.

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

## P10000053815

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e new name must be distinguishable and co breviation "Corp." or " Inc." <mark>"Compuny" o</mark>		
Enter new principal office address, if apprincipal office address MUST BE A STREE	licable:	
Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE		
trauming andress mar DE a rost Office	(E BUX)	
WALDER TOST OFFT		
If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florid	a, enter the name of th
If amending the registered agent and/or r	registered office address in Florid	a, enter the name of th
If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Florid	a, enter the name of th

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Officer	<sup>'</sup> Frank Kman	899 Jamestown Drive Rockledge, Fl. 32955	☑ Add □ Remove
-		<u> </u>	
<del></del>			
E. If amend (attach ad	ling or adding additional Articled ditional sheets, if necessary).	es, enter change(s) here: (Be specific)	
		,	
		· · · · · · · · · · · · · · · · · · ·	
		····	
<u></u>			·

The date of each amendmen	t(s) adoption: September 1, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice drairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, or the court appointed fiduciary by that fiduciary)
	Robert Ryder  (Typed or printed name of person signing)
	President
	(Title of person cigning)

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