P11000032886

/Dax	uestor's Name)	
(Req	uestors Name)	
(Add	ress)	
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(City	/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(D	in the Figure 1 No. 1	
(Bus	iness Entity Nan	ne)
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COVER LETTER

Division of Corporations NAME OF CORPORATION: FV Electrical, INC 11000032886 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Flores
Name of Contact Person FV Electrical INC Firm/ Company <u>le Ellenor Dr. 57e. 130</u> Address VICASERVICES. COM
(No be fised for future annual report notification) For further information concerning this matter, please call: at (407) 889-4944

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee **□\$43.75** Filing Fee & □ \$35 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

tV Electrical, INC.		
(Name of Corporation as currently filed with the F	Torida Dept. of State)	
P11000032886		i Tr
(Document Number of Corporation (i	if known)	E
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following a	mendment(s) to
A. If amending name, enter the new name of the corporation:	T)	No.
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must con (P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7200 Lake Ellenor Dr STe. 130	
C. Enter new mailing address, if applicable:	Orlando, Fl 32809	
(Mailing address MAY BE A POST OFFICE BOX)	7200 Lake Ellenor Dr Ste 130	•
	Orlando, F/32809	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		
Name of New Registered Agent Ramon Flor	<u>es</u>	
7200 LaKe El	llenor Dr. Ste 130 reel address)	
New Registered Office Address: (City)	, Florida 32809 (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.	
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 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.

Evample:	, unu oui	y Smith, Br us un riuu.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	<u>Addres</u> s
(Check One) 1) Change	<u>V</u> _	Stephen J. Vonville	1015 Patch Dr
Add **Remove**			Newport, NC 28370
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
Address of Incorporator			
Address of Incorporator 1200 Lake Ellenor Dr. Ste 130			
Orlando, Fl 32809			
			
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:				
Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.			
	by the shareholders through voting groups. The following statement 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 baction was not required.	y the board of directors without shareholder action and shareholder			
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder			
Dated 2 - 20 2	913			
selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)			
	Pamon Flores			
	(Typed or printed name of person signing)			
t	(Title of person signing)			