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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SOUTHEAST ELI	ECTRICAL CO	NSTRUCTO	ORS, INC.			
DOCUMENT NUN	$\sim$	9582	5	<del> </del>			
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all corr	espondence concerning this ma	tter to the follow	ving:				
	STEVEN C BLACKFORD						
	Name of Contact Person						
	SOUTHEAST ELECTRICAL CONSTRUCTORS, INC						
	Firm/ Company						
	1402 SE CONCHA ST						
	Address						
	PORT ST LUCIE, FLORIDA 34983						
		City/ State a	nd Zip Code				
	STEVE@SOUTHEAST-ELE	ECTRICAL CO	NSTRUCTO	DRS, INC.			
	E-mail address: (to be us	sed for future an	nual report	notification)			
	on concerning this matter, pleas	se call:					
STEVEN C BLACK	at (_	772 —-	260-6622				
Name		Area Cod	le & Daytime Telephone Number				
Enclosed is a check t	or the following amount made	payable to the F	lorida Depa	rtment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fili Certified C (Additional enclosed)	opy	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Division The Ce 2415 N	Address nent Section of Corporations of Tallahassee  Monroe Street, Suite 810 ssee, FL 32303			

## Articles of Amendment to Articles of Incorporation

of

## SouthEAST ELECTRICAL CONSTRUCTORS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) PII 0000 95825 Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). E.S.

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>)c</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		JEAN M BLACKFORD	1402 SE CONCHA ST
X Add	<del> </del>			PORT ST LUCIE, FL 34983
Remove				
2) Change		_		
Add				
Remove 3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add	-			
Remove				
Kemove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A
······································

•

	N/A	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
_	2/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the ame fficient for approval.	ndment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by N/A	w.	
	(voting group)	
08/02/2022 Dated		
Signature	to CB laston	
Science	rector, president or other officer if directors or officers have n l, by an incorporator – if in the hands of a receiver, trustee, or of ed fiduciary by that fiduciary)	ot been ther court
	STEVEN C BLACKFORD	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	