

PH00010104S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

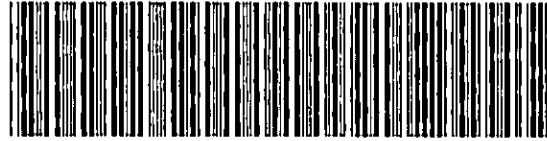
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CLERK OF DISTRICT COURT
JALAPASSER, FLORIDA

18 FEB 22 AM 9:32

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FEB 22 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2017

DEAN P MURPHY
DPD OF CENTRAL FL, INC.
1800 SALVADOR
DELAND, FL 32720

SUBJECT: DPD OF CENTRAL FL, INC.
Ref. Number: P11000101048

We have received your document for DPD OF CENTRAL FL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

CEC LLC - L06000002385

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00023608

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DPD OF CENTRAL FL, INC.

DOCUMENT NUMBER: P11000101048

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

Please return all correspondence concerning this matter to the following:

Dean P. Murphy

Name of Contact Person

DPD of Central FL, Inc.

Firm/ Company

1800 Salvador

Address

DeLand, FL 32720

City/ State and Zip Code

deanmurphy0022@gmail.com

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

For further information concerning this matter, please call:

Nancy Benet

at (

386

)

320-5347

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
to
Articles of Incorporation
of

DPD OF CENTRAL FL, INC.

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

P11000101048

(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:

Power Electric USA, Inc. The new 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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5595 New Jersey Ave
Deleon Springs FL
32130

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5595 New Jersey Ave
Deleon Springs FL
32130

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: _____, Florida _____
(City) (Zip Code)

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

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(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: January 1, 2018, if other than the date this document was signed.

Effective date if applicable: January 1, 2018
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11-11-17

Signature Dean P. Murphy

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Dean P. Murphy

(Typed or printed name of person signing)

President

(Title of person signing)