P12000103049

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>CAPRI</u> ELEC	TRICAL /NOUSTRIES, INC			
DOCUMENT NUMBER: <u>P120 00 103 C</u>	749			
The enclosed Articles of Amendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter	ter to the following:			
CAPRI ELECTRICAL 150 HILDEN RO PANTE VEDRA, FL	Name of Contact Person			
CAPRI ELECTRICAL	/NDUSTLIES /NC. Firm/Company			
150 HILDEN RO	Suite 310			
PONTE VEDRA, FL	Address 32081			
0	City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person	at (<u>904</u>) <u>810 - 0879</u> Area Code & Daytime Telephone Number			
	·			
Enclosed is a check for the following amount made p				
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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	147-8 Fac
CAPRI ELECTRICAL INDUSTRIES, INC	7AY -8 FH.3.
(Name of Corporation as currently filed with the Flo P12000103049	orida Dept. of State)
(Document Number of Corporation (if k	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fl its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/a
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stree	
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the composition of the compo	

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:	ove, una sany smi	m, Sr us un Auu.	
X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>P15D</u>	JACQUELYN FINK	601 HANNAH PARK LANE ST. AUGUSTING, FL 3209
Remove			
2) Change	PUTSD	GARY WAYLAND	60 SURFVIEN DE #520 Paun Coast, FL 32137
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Remove			
6) Change			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		, ,
If an amendment provides for an evolu-	inge, reclassification, or cancellation of issue	nd shaves
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained in the amendment its	self:
		<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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.	
D. 1 0 1 2014	
Dated 05/01/2014 Signature Jany Wayland	
Signature Jary Wayland	
(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)	
(Typed or printed name of person signing) PRESIDENT	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(Title of person signing)	