P13000028225

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(Ac	ldress)			
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Amend Cus (a).22.14

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Energyflo Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Christian Casarella Name of Contact Person Energyflo Inc. Firm/ Company 450 W cNab Road, Ste.8 Address Fort Lauderdale, FL 33309 City/ State and Zip Code ccasarella@energyflo.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christian Casarella Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & **■\$52.50** Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

14 May 10 1/20
A Control of the Cont

Energyflo Inc.

(Name of Corporation as	currently filed with the Flo	orida Dept. of State)	74
P	130000	28225	
(Documer	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new na	me of the corporation:		
n/a		Th	ie new
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the abbre o". A professional corporation name must cont	eviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		450 West McNab Road	
		Suite 8	
		Fort Lauderdale, FL 33309	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		450 West McNab Road	
<u> </u>		Suite 8	
		Fort Lauderdale, FL 33309	
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	Christian Casare	lla	
Nume of New Regissered Agent	450 West McNat	o Road. Ste.8	
	(Florida stree		
New Registered Office Address:	Fort Lauderdale	, Florida_33309	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar wi	ith and accept the obligations of the position.	
	gnature of New Registered As	gent if changing	
54	5 o of their negliner eurit	Som y onwinging	

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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
1	
- · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•

•

The date of each amendment(s) adop	otion:	, 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 was/were sufficient	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sich 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated_1/7/2014		
Signature	- L.h	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
C	HRISTIAN CASARELLA	
	(Typed or printed name of person signing)	
Р	resident	
	(Title of person signing)	