

P14000022665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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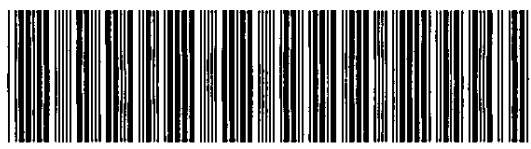
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAY 18 PM 1:30

Amend/cus  
(1a) 5/22/15

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: M.E.P SERVICES INC

DOCUMENT NUMBER: P14000022665

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

Please return all correspondence concerning this matter to the following:

Brittany Register

Name of Contact Person

M.E.P SERVICES INC

Firm/ Company

P.O. Box 673

Address

Hollister, FL 32147

City/ State and Zip Code

my1stchoicetec.hr@gmail.com

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

For further information concerning this matter, please call:

G.D. NELSON at ( 386 ) 530-2122  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 MAY 18 PM 1:30

M.E.P SERVICES INC

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

P14000022665

(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

*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**)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

**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 N/A

(Florida street address)

New Registered Office Address: N/A, 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

**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:**

☒ Change                      PT      John Doe

☐ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>P</u>	<u>Scott C Thomason</u>	<u>877 S.W. Roberts Ave</u>
<input type="checkbox"/> Add			<u>Fort White, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32038</u>
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>Shawn M Register</u>	<u>145 Rowland Ave</u>
<input type="checkbox"/> Add			<u>Hollister, FL</u>
<input checked="" type="checkbox"/> Remove			<u>32147</u>
3) <input type="checkbox"/> Change	<u>CEO</u>	<u>1st Choice Electrical Contractors Inc</u>	<u>128 Hoover Road</u>
<input checked="" type="checkbox"/> Add			<u>Hollister, FL</u>
<input type="checkbox"/> Remove			<u>32147</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

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

Scott C Thomason has been relieved of his position from this Company due to lack of Ability and lack of Business

Knowledge. The Board Of Directors have decided to terminate his Employment Imediatly due to incompetence and His

Lack of Ability to Benifit this Company in a positive way.

Shawn M Register has resigned as the CEO and will be turning over his title to 1st Choice Electrical Contractors Inc as well as his head seat on the Board and Majority Share Holder.

1st Choice Electrical Contractors Inc will now take ownership of M.E.P SERVICES INC as the CEO, 100 % Share Holder and Head of the Board Of Directors.

**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)*

05/01/2015

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

05/01/2015

Effective date if applicable: \_\_\_\_\_  
(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.

04/22/2015

Dated \_\_\_\_\_

Signature



(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)

Shawn Register

(Typed or printed name of person signing)

CHIEF EXECUTIVE OFFICER/MAJORITY SHARE HOLDER/BOARD CHAIR

\_\_\_\_\_  
(Title of person signing)