P15000019260

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MAR S. L. JOHN

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: TOPLINE ELECT	RICAL SERVIC	ES, INC	
DOCUMENT NUM	BER: P15000019260			·
The enclosed Article	s of Amendment and fee are su	ubmitted for filing		
Please return all corre	espondence concerning this ma	itter to the followi	ng:	
	Noel Funelas			
		Name of Cont	act Person	n
	Topline Electrica Services, In	ne		
		Firm/ Co	mpany	
	2600 Kirby Circle NE Unit	# 4		
	Address			
•	Palm Bay, FI 32905			
		City/ State and	l Zip Cod	e
lton	lineinc@gmail.com			•
———	E-mail address: (to be us	and for fiture one	unl mama est	
	E-man address. (to be us	sed for future aim	иат герогі	nouncation)
For further information	on concerning this matter, pleas	se call;		
Noel Funelas		at (³²	1	
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Flo	rida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Cop (Additional control enclosed)	рy	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations . Box 6327		Amend Divisio	Address ment Section n of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

TOPLINE ELECTRICAL SERVICES, INC				
(Name of Corpo	ration as currently	filed with the Florida De	pt. of State)	7
P15000019260				
(Do	ocument Number of	Corporation (if known)	~	
Pursuant to the provisions of section 607.1006, Fleits Articles of Incorporation:	orida Statutes, this I	Florida Profit Corporation	adopts the following ar	nendment(s) to
A. If amending name, enter the new name of the	e corporation:			
			Th	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "C	Co". A professional corpo		
B. Enter new principal office address, if applic				
(Principal office address <u>MUST BE A STREET</u>	ADDRESS)			
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			
	•	·		
D. If amending the registered agent and/or registered agent and/or the new registered.		ess in Florida, enter the na	ime of the	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			. Florida	
new negistered Office nauress.	(0	City)	, Florida(Zip Code	:)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	ith and accept the obligation	une of the position	
mercoy weeept me appointment as regimered ager	n. Tumjumiliu Wi	im ana accept the obligatio	пь ој те ромион.	
S	Signature of New Re	gistered 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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	: Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	Manager	Bruce Anthony, Hamilton	2600 Kirby Circle NE Unite #04
X Add			Palm Bay,Fl 32905
Remove	FILI	NG CANCELLED	
	RET	TURNED CHECK	
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 		
Add			
Remove			
6) Change			
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	RETURNED CHECK
N/A	
	<u> </u>
F. If an amendment provides for an exchange, reclassification, or cance	ellation of issued shares,
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:
N/A	

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	2-23-2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
Dated	22, 2017	_
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Noel Funelas	
	(Typed or printed name of person signing)	
	President	
•	(Title of person signing)	