## P16000101199

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_ELECTRONICS MA INC DOCUMENT NUMBER: P16000101199 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BERNARD RIBORDY** Name of Contact Person RIBORDY AND ASSOCIATES INC Firm/ Company PO BOX 7150 Address SEMINOLE, FL 33775 City/ State and Zip Code BRIB165259@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **BERNARD RIBORDY** at (727 ) 397-9200
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 Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

ELECTRONICS MA INC		
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000101199		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1516 RIDGE TOP WAY	
	CLEARWATER, FL 33765	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1516 RIDGE TOP WAY	
	CLEARWATER, FL 33765	
	\$5° <b>W</b>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address		
Name of New Registered Agent	<u> </u>	
(Florida s	treet 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	t: 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	S	AMIR PAZZ	1516 RIDGE TOP WAY
Add			CLEARWATER, FL 33765
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
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6) Change	<u></u>		
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an exc	ange, reclassification, or	cancellation of issued s	hares,
	ndment if not contained	in the amendment itself:	
rovisions for implementing the ame	mannent it not contained		
rovisions for implementing the amo (if not applicable, indicate N/A)	nament it not contained		
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rovisions for implementing the amount (if not applicable, indicate N/A)			
rovisions for implementing the amount (if not applicable, indicate N/A)			

The date of each amendment(s) a date this document was signed.	adoption:	_, if other than the
_	/10/2017	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will repartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
action was not required.  The amendment(s) was/were actions are actions as a second required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
1/10/2017		
DatedSignature	Benurd Rebuda	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	_
	BERNARD RIBORDY	
	(Typed or printed name of person signing)	
	INCORPORATOR	
	(Title of person signing)	