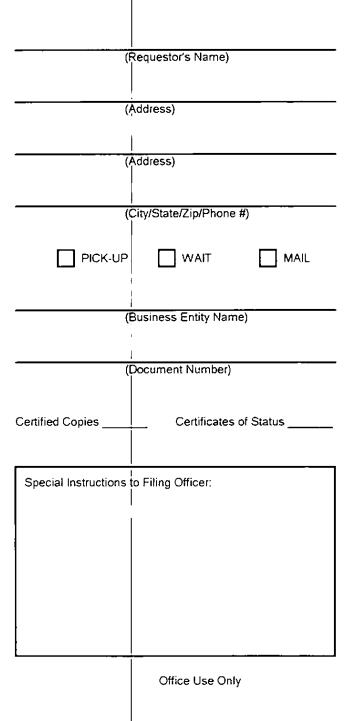
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: D & K ELECTRIC	CAL CONTRACTOR INC	
 DOCUMENT NUMBE	P17000042275		
The enclosed Articles of .	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
КІ	ENVIN REID		
-		Name of Contact Person	
_		Firm/ Company	
<u>-</u>		Address	
23	50 S.W. KENT CIR.		-
		City/ State and Zip Code	2
PORT S	AINT LUCIE, FL 34953		
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	oncerning this matter, pleas	se call:	
KENVIN REID		954 at (562-1654
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment

Articles of Incorporation

of

DSK stadis	al Contiactor Inc
	filed with the Florida Dept. of State)
	70000 43375
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
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 "Coword "chartered," "professional association," or the abbreviation "F	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	20
	19 S
D. If amending the registered agent and/or registered office addre	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	い。 (2)1 (33m) (7.73)
Name of New Registered Agent	1
	L; Q
(Florida stree	
V 0 1 100 411	M - 1
New Registered Office Address:	City (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.
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.

Example: X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BRITTON DEVON	2874 S.W. VITTORIO STREET
Add x Remove			PORT SAINT LUCIE, FL 34953
2) X Change	VP	RODERICK ALINGTON DALEY	2202 1/2 BAKER AVE
Add Remove			HAINES CITY, FL 33844
3) Change	 -		
Remove 4) Change			
Add Remove			
5) Change			
Add			
6) Change Add			
Remove			

f amending or adding additi Attach additional sheets, if ned	vessary). (Be specific)		
	1.4.41		
i .		_	
		· ·	
	-		
If an amendment provides fo provisions for implementing	or an exchange, reclassific the amendment if not co	ation, or cancellation of i	ssued shares, et itself:
(if not applicable, indicat	te N/A)		
l l			

	09/14/2019	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
	4/2019	
Effective date <u>if applicable</u> :	(many days 00 days of many days of Glades)	_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s fficient for approval.)
	roved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
action was not required. The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	r
action was not required.		
09/14/2019		
(By a di	rector, 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 ed fiduciary by that fiduciary) 	ţ
	KENVIN REID	
	(Typed or printed name of person signing)	
l I	president	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·