

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN THUNDER ELECTRICAL SERVICES, INC

| Certificate of Status | 0 |
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August 31, 2018

FLORIDA DEPARTMENT OF STATE

THUNDER ELECTRICAL SERVICES, INC 13214 SW 40TH TERRACE MIAMI, FL 33175US

SUBJECT: THUNDER ELECTRICAL SERVICES, INC

REF: P17000078562

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the document number for the corporation.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FAX Aud: #: H18000254519 Letter Number: 818A00018151

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Articles of Amendment to Articles of Incorporation of

2018 AUG 31 AM 10: 56

| | Articles of Incorporation of | CEGRETARY OF STATE |
|---|---|--------------------------------------|
| Thunder Electrical Services, Inc | | TALLAHASSEE. FL |
| (Name of Cor | poration as currently filed with the Florida Dep | pt. of State) |
| | P.17000078562 | |
| | Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607,1006, its Articles of Incorporation: | Florida Statutes, this Florida Profit Corporation | adopts the following amendment(s) to |
| A. If amending name, enter the new name of | [the corporation: | · |
| Complex Circuit Electrical Services, Inc. | | The new |
| "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | | porated" or the abbreviation |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | |
| C. Enter new moiling address, if applicable: (Muiling address MAY RE A POST OFFICE) | | |
| D. If amending the registered neent and/or remew registered agent and/or the new regis | eristered office address in Florida, enter the na stered office address: | ime of the |
| Name of New Registered Agent | | |
| | (Florida street address) | <u></u> |
| New Registered Office Address: | (City) | , Florida (Zip Code) |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | ng Registered Agent; gent. I am familiar with and accept the obligation | ns of the position. |
| • | Signature of New Registered Agent, if changing | |

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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, Sully 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 | PT John D | <u>.</u> <u>0e</u> | |
|-------------------------------|--------------------------|-----------------------|---------------------------------------|
| X Remove | <u>V</u> <u>Mike Je</u> | <u>ones</u> | • |
| _X Add | <u>SV</u> <u>Sally S</u> | rgith | |
| Type of Action (Check One) | Title | Name | Address |
| 1)Change | | | |
| Add | | | rate out to the contract of |
| Remove | | | |
| 2) Change | | | |
| Add | | | · |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | · | | |
| Add Remove | | | |
| 5) Change | | . | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | • • • • • • • • • • • • • • • • • • • |
| Remove | | | |

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| If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | | | |
|---|---------------------------------------|----------------|--------------------|---------------------------|--------------|
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| an amendmer | nt provides for an e | xchange, recla | sification, or con | cellation of issued share | <u>5,</u> |
| <u>provisions for i</u> | implementing the a | mendment if n | ot contained in th | e amendment itself: | |
| (if not appt | icable, indicate N/A | , | | | |
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| The date of each amendment(s) as date this document was signed. | dopflon: | if other than the |
|---|---|----------------------------------|
| Effective date if applicable: | | - |
| , | (no more than 90 days after amendment file dute) | |
| Note: If the date inserted in this h document's effective date on the De | lock does not meet the applicable statutory filing requirements, this partners of State's records. | s date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amodulinent(s) was/were aduly by the shareholders was/were and | pted by the shateholders. The mimber of votes cast for the amendant flictent for approval. | zni(x) |
| The amendment(s) was livere app. must be reporately provided for | roved by the shatcholders through voting groups. The following state each witing group untilled to vote separately on the amendment(s): | enent |
| The number of votes east t | for the amendment(s) was/were sufficient for approval | |
| by | , , | |
| • | (Noting Krond) | |
| The amondment(s) was were adopted notion was not required. | sted by the board of directors without shareholder action and shareholder | Papk |
| The unsendment(s) was/were adopted to was not required. | nted by the incorporators without shareholder action and shareholder | |
| Dated J 08 | 129/2018 | · |
| Signature 🗸 | As trada | |
| उटास्टार्ट, | ector, president or other officer - it directors or officers have not been by an incorporator - if in the liands of a receiver, trustee, or other or distributiony by that fiduciary) | u u |
| • | Julio C. Estrada | |
| - | (Typed or printed name of person signing) | |
| | President | |
| _ | (Title of person signing) | |