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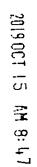
(Requestor's Name) (Address) (Address)	0003352
(City/State/Zip/Phone #)	10/15/19010
PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	S TALLENT NOV U 1 2019
Special Instructions to Filing Officer:	

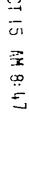
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

OCUMENT NUMBER: PL9 COOLD 1506	
he enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Elizal oth Zarrora Name of Contact Person 17 Accurating Services Inc. Firm/ Company LAZO NW 5th Way Address Fort Laucleicale FL 333309 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call: Total Total	
nclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status \$43.75 Filing Fee Certified Copy (Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Street Address Amendment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to

Articles of Incorporation

of

Premier Power W	Jushing Inc			
(Name of Corporation as currently filed with the Florida Dept. of State)				
p1900061506				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida 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 "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;	1810 Hypoluxo Road			
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth FL 32A62			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1810 Hypoluxo Road			
	Lake Worth Fl. 33962			
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	dress in Florida, enter the name of the			
Name of New Registered Agent 12 ACCCU	nting Services Inc			
1420 NIN	Eur May			
(Florida s	treet address)			
New Registered Office Address: TO+ LAWA	vaale, Florida 33309			
	(City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.			
£1/0 /	40			

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; CF.O = 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	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			- · · · · · · · · · · · · · · · · · · ·
Remove			

india buttonia biretti, y necessury	rticles, enter change(s) here:). (Be specific)	
		_
		_
		
		
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
ty not applicable, maleute maj		
(y ma appreadic, maleure ma)	-	
(y mm appricable, maleule mm)		
(y ma appreadic, materic ma)		
(y ma appreadic, materic 1974)		
(y ma appressie, mateure 1474)		
(y ma appreadic, materic 1974)		
(y min appricable, maleure 147A)		
(y min appricable, malcale MA)		

The date of each amendment(s) adoption: date this document was signed.	8/1/19	, if other than the
Effective date <u>if applicable</u> :	8/1/19	9
	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block doe document's effective date on the Department		ling requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot.		
"The number of votes cast for the ar	mendment(s) was/were sufficient for a	pproval
by	(voting group)	"
((voting group)	
☐ The amendment(s) was/were adopted by t action was not required.	he board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder a	action and shareholder
9/2	240/19	
<u> </u>		
Signature (By a director of	1/ resident or other officer – if directors of	or officers have not been
selected, by an i	ncorporator – if in the hands of a recei iary by that fiduciary)	ver, trustee, or other court
(Parlos Goular	He
	(Typed or printed name of person si	igning)