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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: NIC CONSTRUC	TION SERVICES INC			
DOCUMENT NUM	1BER:				
	rs of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	ABYMAEL CHAVARRIA				
	Name of Contact Person				
	40004 DADWEDO LANDIN	Firm/ Company	-		
	10631 PARKERS LANDING DR APT 220				
	Address TAMPA, FL 33615				
	City/ State and Zip Code				
	Abymaele	LECTRIC @ OU	HLOOK COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informat	ion concerning this matter, plea	se call:			
ABYMAEL CHAVARRIA		at (419-8925		
Name of Contact Person		at (813) 419-8925 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	nrtment of State:		
+ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NIC CONSTRUCTION SERVICES INC

AND CONSTRUCTION OF THE CONTRACT OF THE CONTRA		The state of the s	
(Name of Corporation as curre	ently filed with the Fior	ida Dept. 01 State)	
	CC (CE))	
(Document Number	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006. Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpo</i>	ration adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
ALLPOWER ELECTRICAL SOLUTIONS, INC			The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.	'. A professional corpo	porated" or the abbrevion pration name must com	ation "Corp.," ain the word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		. **	2
			020
			
C. Enter new mailing address, if applicable:			p
(Mailing address MAY BE A POST OFFICE BOX)		·	
		- 5	3 11
		•	- <u>3</u> - C
D. If amending the registered agent and/or registered office a			
new registered agent and/or the new registered office add	ress:		
Name of New Registered Agent			
(Florid	la street address)		
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)		ip Code)
New Registered Agent's Signature, if changing Registered Ag		and the second second	
I hereby accept the appointment as registered agent. I am famil	uar with and accept the o	onigations of the positio	n.
Signature of Ne	ew Registered Agent, if cl	hanging	
Check if applicable			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 ((11) (e). F.S.		

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)

Example:

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	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	<u></u>		· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding addi</u> Attach <i>additional sheets, if m</i>	ecessary). (Be specif	ic)		
·				-
				
,				
				
~				
				
f an amendment provides provisions for implementia	for an exchange, recla	ssification, or cancell	ation of issued shares,	
(if not applicable, indica	ate N/A)	ot contamed in the a	menament usen:	
<u> </u>				
		**		

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
·	(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, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sharehold	er action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend flicient for approval.	iment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(s	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
, —	(voting group)	
Dated3	13/2020	
Signature (1)	13/2020 Maria Relaya. rector, president or other officer - if directors or officers have not	
selected	fector, president or other officer – if directors or officers have not it, by an incorporator – if in the hands of a receiver, trustee, or oth ed fiduciary by that fiduciary)	er court
	Abymate Chavarrica (Typed or printed name of person signing)	ZELAYA
	Presiden T	
	(Title of person signing)	