P20000075208

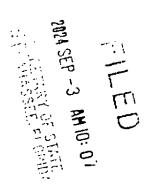
(Ře	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	,
PICK-UP	WAIT	MAIL
(Bt	usiness Entity Name)	
(Do	ocument Number)	
ertified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	
-		
	Office Use Only	



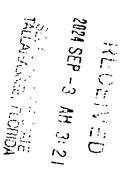
600435902686

NIC & Amend

Wa4-124310



A. RAMSEY SEP +3.2024



X-02250, 00563,00671

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 09/03/24 Order #: 1607143-2

Re: ETL Project Company, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number: 12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ETL Project Comp	pany, Inc.	
	BER: P20000075208		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Tiffany Brown		
		Name of Contact Person	n
	Tampa Electric Company		
		Firm/ Company	
	702 N. Franklin Street		
	<u> </u>	Address	
	Tampa, Florida 33602		
		City/ State and Zip Cod	e
	tbrown@tecoenergy.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Tiffany Brown		at (813	546-6314
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address Iment Section In of Corporations In the Tallahassee In Monroe Street, Suite 810

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2024

Please give original submission date as file date.

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: ETL PROJECT COMPANY, INC.

Ref. Number: P20000075208

We have received your document for ETL PROJECT COMPANY, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

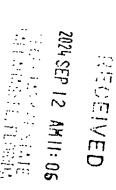
The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Annette Ramsey OPS

Letter Number: 424A00019760



Articles of Amendment Articles of Incorporation of

FILED

ETL PROJECT COMPANY, INC.	2024 SEP -3 AN IO- 07
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P20000075208	in postario
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
Block Energy Project Company, Inc.	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	
	· · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u>)
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
	am familiar with and accept the obligations of the position.
Signat	ture of New Registered Agent, if changing
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 Doc	
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>	<u>Addres</u> s
1) Change	D, P	Robert Bennett	702 N. Franklin Street
Add X			Tampa, FL 33602
Remove 2) Change	D, P	Chris Hooper	702 N. Franklin Street
X Add			Tampa, FL 33602
Remove Change	<u>s</u>	David Schwartz	702 N. Franklin Street
Add			Tampa, FL 33602
X Remove 4) Change	s	Michelle Szekeres	702 N. Franklin Street
X Add		.	Tampa, FL 33602
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change			
Add			
Remove			

Docusign Envelope ID: 7F62E994-0F19-4387-B826-3C6906601A8F

Attach additional sheets, if necessary).	(Be specific)
	
	-
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(ij nin applicable, maicale 1978)	

Docusign Envelope ID: 7F62E994-0F19-4387-B826-3C6906601A8F

The date of each amendment(s) adoption:date this document was signed.	August 6, 2024	if other than the
Effective date if applicable:		
(1	no more than 90 days after amendment file a	late)
Note: If the date inserted in this block does not a document's effective date on the Department of Sta		nents, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the inc action was not required.	orporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gre		
"The number of votes east for the amenda	nent(s) was/were sufficient for approval	
by	group)	
(voting	group)	
Dated		
OccuSigned by:		
Signature Midulle Systems		
(By a director, presider	nt or other officer – if directors or officers had a rator – if in the hands of a receiver, trustee, that fiduciary)	
Michelle Szel	keres	
(Tyi	ped or printed name of person signing)	
Secretary		
(Tit	le of person signing)	