

P20000087567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect Form

Date

Signature

Title

Office Use Only



200422737122

01/30/24--01019--018 **25.00

03/18/24--01004--010 **10.00

2024 APR 16 AM 8:47
STATE
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2024 MAR 18 AM 8:17
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AB

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SEM Power Associates Inc
DOCUMENT NUMBER: P200000087567

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett L Ems
Name of Contact Person
SEM Power Associates Inc
Firm/ Company
4406 Eagle Falls A
Address
Tampa FL 33619
City/ State and Zip Code
Brett@sempower.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett L Ems at (813) 477-8406
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee ☐ \$43.75 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)

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

FILED

(Name of Corporation as currently filed with the Florida Dept. of State)

AM 8:47

(Document Number of Corporation (if known))

FLORIDA STATE
adopts the following amendments

The new

(Principal office address **MUST BE A STREET ADDRESS**)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

City

Florida

(Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>VP</u>	<u>Deana Ems</u>	<u>3029 Christophers Watch Ln</u>
<input type="checkbox"/> Add			<u>Rushin FL 33570</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 3/1/2024, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

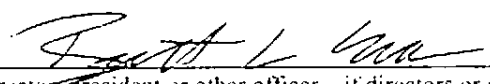
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 _____
(voting group)"

Dated 4/8/2023

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Brett L Enos
(Typed or printed name of person signing)

President
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2024

BRETT L EMES
4466 EAGLE FALLS PL
TAMPA, FL 33619

SUBJECT: SEM POWER ASSOCIATES, INC
Ref. Number: P20000087567

We have received your document for SEM POWER ASSOCIATES, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 124A00003194



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2024

BRETT L EMES
4466 EAGLES FALLS PL
TAMPA, FL 33619

SUBJECT: SEM POWER ASSOCIATES, INC
Ref. Number: P20000087567

We have received your document for SEM POWER ASSOCIATES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LLC, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 524A00005751

Rec 3/29



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2024

BRETT L EMES
4466 EAGLE FALLS PL
TAMPA, FL 33619

SUBJECT: SEM POWER ASSOCIATES, INC
Ref. Number: P20000087567

We have received your document for SEM POWER ASSOCIATES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00006974

Rec 4/16