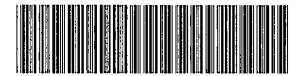
P20000099186

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(Address)				
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TO: Amendment Section ' Division of Corporations

NAME OF CORPO	DRATION: ELECTRICAL IN	TER SYSTEM NETWORI	K INC	_		
DOCUMENT NUN	DOCUMENT NUMBER: P20000099186					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	itter to the following:				
	RODERICK ARMSTRONG					
	Name of Contact Person					
		Firm/ Company				
	3420 SW 37TH STREET					
		Address				
WEST PARK FL 33023						
City/ State and Zip Code						
	roderick@electricalsystemnetwork.com					
	E-mail address: (to be us	sed for future annual report	notification)	-		
For further informati	on concerning this matter, pleas	se call:				
Roderick Armstrong		954 at (624-6581			
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:			2021 FEB SCORET TALLU			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	1 3355 VHS 15 30 A3Y		
Mailing Address		Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ELECTRICAL INTER SYSTEM NETWORK INC

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

(Name of Corpo	ration as currently	filed with the Florid	la Dept. of State)			
P20000099186			<u> </u>			
(Do	ocument Number of (Corporation (if know	n)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fi	lorida Profit Corpord	ation adopts the fo	ollowing ar	nendm	ent(s)
A. If amending name, enter the new name of th	ne corporation:					
				Th	ie nei	147
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the al	Inc." or "Co". A			reviation "	Corp.,	••
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A			· · · · · ·			
						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)					
D. If amending the registered agent and/or reg		ss in Florida, enter i	the name of the	ري ديريـــ	2 02	
new registered agent and/or the new register	red office address:			FS	33	فتخدثا
Name of New Registered Agent				1771	8	19.50°250 49.50°250 44.14°55
				<u> </u>	_	Con charg
	(Florida stree	et address)			PH .	in med
New Registered Office Address:			, Florida	ĵη ca	\sim	لسة
	((lity)		(Zip)Code	⁷ 58	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt I am familiar wi	th and accept the obl	igations of the po:	sition.		
	Signature of New Rec	gistered Agent, if chai	 กรุเกร			
		Caraca and Committy of the	TO 110			
Check if applicable						

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 Do	<u>e</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>sv</u>	Sally Sm	<u>sith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	TRES	_	PRYCE JAMES R	317 TRAE COURT
Add				HAMPTON GA 30228
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
რ) Change		_		
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
(
	
	·
If an amendment provides for an exchange, reclassification, or cancellation of issued significant provisions for implementing the amendment if not contained in the amendment itself:	<u>hares,</u> :
(if not applicable, indicate N/A)	-
	
	

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The date of each amendment(s) a	doption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the ame officient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	* ·
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	;"	
, <u> </u>	(voting group)	
Dated <u>02/</u> /	19/2221	
Signature	Jan Hour	
	rector, president or other officer - if directors or officers have n	
	d, by an incorporator – if in the hands of a receiver, trustee, or o ted fiduciary by that fiduciary)	ther court
аррош	and riddelary)	
	Todaich Avotron	
	(Typed or printed name of person signing)	
	Go son I	
	(Title of person signing)	 _
	(i me or person signing)	