

P21000064995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

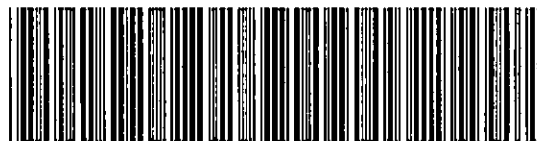
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/21--01022--015 **43.75

STATE OF CONNECTICUT
FILING OFFICE

2021 OCT 25 AM 9:00

FILED

69



2021 OCT 25 PM 10:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2021

H PAUL CHEEKS
561 HUNT ROAD
TARPON SPRINGS, FL 34688

SUBJECT: POWERBRIDGE HOLDINGS INC.
Ref. Number: P21000064995

We have received your document for POWERBRIDGE HOLDINGS INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 021A00024221

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POWERBRIDGE HOLDINGS INC.

DOCUMENT NUMBER: P21000064995

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

Please return all correspondence concerning this matter to the following:

H. PAUL CHEEKS and/or JESSE BATTLE

Name of Contact Person

POWERBRIDGE HOLDINGS INC.,

Firm/ Company

561 HUNT ROAD

Address

TARPON SPRINGS, FL 34688

City/ State and Zip Code

BDCORP@MSN.COM, and/or JESSE@POWERBRIDGEHOLDINGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

H. PAUL CHEEKS

Name of Contact Person

at (727)

415-0654

727 631-5540

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

PC

Articles of Amendment
to
Articles of Incorporation
of

POWERBRIDGE HOLDINGS INC..

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

P21000064995

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

561 HUNT ROAD

TARPON SPRINGS, FL 34688

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

561 HUNT ROAD

TARPON SPRINGS, FL 34688

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Check if applicable

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

FILED

2021 OCT 25 AM 9:00

STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO

me

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PD</u>	<u>H. PAUL CHEEKS</u>	<u>561 HUNT ROAD</u>
<input type="checkbox"/> Add			<u>TARPON SPRINGS, FL 34688</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VPD</u>	<u>JESSE BATTLE</u>	<u>624 28TH AVENUE NORTH</u>
<input checked="" type="checkbox"/> Add			<u>ST, PETERSBURG, FL 33704</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>COOD</u>	<u>PETER DAVEY</u>	<u>14431 EAGLE POINTE DRIVE</u>
<input checked="" type="checkbox"/> Add			<u>CLEARWATER, FL 33762</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>D</u>	<u>GENERAL ARNOLD BRAY</u>	<u>3808 WINCHESTER ROAD</u>
<input checked="" type="checkbox"/> Add			<u>ROCKY MOUNT, NC 27804</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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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:

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Example:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

D

RICHARD (DICK) CRITTENDEN

10820 DEBUAM ROAD

☒

Add

ZEBULON, NC 27597

☐ Remove

2) ☐ Change

D

MARSHALL EDWARDS

401 EDGEDALE DRIVE

☒

Add

HIGH POINT, NC 27262

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

KAC

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

NA

AC

The date of each amendment(s) adoption: SEPTEMBER 27TH 2021, if other than the date this document was signed.

Effective date if applicable: SEPTEMBER 27 2021
(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 10/15/21

Signature

H. Paul Cheeks
(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)

H. PAUL CHEEKS

(Typed or printed name of person signing)

PRESIDENT and DIRECTOR

(Title of person signing)