P92000012289

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
Company,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: John Byrd Electric	cal Contractor, Inc.		_		
DOCUMENT NU	MBER: <u>P92000012289</u>			<u> </u>		
The enclosed Artice	les of Amendment and fee are st	ibmitted for filing.				
Please return all co	rrespondence concerning this ma	atter to the following:				
	Michael Kennedy					
		Name of Contact Perso	n			
	John Byrd Electrical Contrac	ctor.Inc.				
	<u></u>	Firm/ Company				
	22043 Ataman Street					
		Address				
	Boca Raton, Florida 33428					
	<u></u> .:	City/ State and Zip Cod	e			
	mijokennedy@gmail.com					
		sed for future annual report	notification)	_		
For further informa	tion concerning this matter, plea	se call:		7.0 	2023 KAR	
Michael Kennedy		561	v 251-8014	三百	K.R	412.13 2.3 2.3
Nan	ne of Contact Person		de & Daytime Telephone N	umber 50	1	- An 47
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	75.4 20.0 10.0 10.0	PK 4: 3	T
■ \$35 Filing Fee	☐\$43.75 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)	S FATE	t: 31	*************************************
	Tailing Address mendment Section		Address ment Section			

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



February 3, 2023

MICHAEL KENNEDY JOHN BYRD ELECTRICAL CONSTRACTOR, INC 22043 ATAMAN STREET BOCA RATON, FL 33428

SUBJECT: JOHN BYRD ELECTRICAL CONTRACTOR, INC.

Ref. Number: P92000012289

We have received your document for JOHN BYRD ELECTRICAL CONTRACTOR, 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):

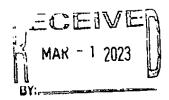
Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diane Cushing Senior Section Administrator

Letter Number: 723A00002636



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Articles of Amendment to Articles of Incorporation of

John Byrd Electrical Contractor, Inc.	John	Byrd	Electrical	Contractor.	Inc.
---------------------------------------	------	------	------------	-------------	------

(Name of Corporation as augments	filed with the Florida Dept. of State				
(Name of Corporation as currently	med with the Florida Dept. of State	,			
P92000012289					
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the f	ollowing amendr	nent(s) t		
A. If amending name, enter the new name of the corporation:					
		The ne			
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable:	22043 Ataman Street				
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton, Florida 33428		_		
			_		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22043 Ataman Street				
	Boca Raton, Florida 33428	200	-		
		3 14	1 1 1 mm		
D. If amending the registered agent and/or registered office addre	nos in Clouida, antau tha nama af tha	70	4-127'129 5'148 MM		
new registered agent and/or the new registered office address:	ess in Piorida, enter the name of the	SAN P			
Name of New Registered Agent		(名) 本			
		PH 4: 3			
(Florida stre	et address)				
New Registered Office Address: Florida					
(1)	City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent. I am familiar wa	ith and accept the obligations of the po	sition.			
e					
Signature of New Reg	gistered 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	PT	John D	<u>loc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>s</u>	_	Joanne Szaja	11782 Island Lakes Lane
Add				Boca Raton, Fl. 33498
X Remove				
2) X Change	T		Karol Szaja	11782 Island Lakes Lane
Add				Boca Raton, Fl. 33498
Remove 3) Change	<u> </u>	_	Michael Kennedy	22043 Ataman Street
X Add				Boca Raton, Fl. 33428
Remove				
4) Change	<u>v</u>		John Thomas Coppock III	11115 Median Street
X Add				Boca Raton, FL. 33428
Remove				
51 Change				
Add				<u>. </u>
Remove				
6) Change				
Add				
Remove				

(Attac	ending or adding additional Art h additional sheets, if necessary).	(Be specific)		
/A				
			<u>.</u> ,	
_			u=	
•				
				-
	_			
				-
<u>If an a</u>	amendment provides for an exch	ange, reclassification, or ea	incellation of issued shares,	
prov (isions for implementing the ame if not applicable, indicate N/A)	ndment if not contained in	the amendment itself:	
/A	.,, 11			
A				
	<u> </u>			
	<u>_</u>			
	<u> </u>			

. . .

. . . .

The date of each amendment(s) as	loption:	, if other than
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 b document's effective date on the De	lock does not meet the applicable statutory filing require partment of State's records.	ements, this date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without s	hareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for t fficient for approval.	he amendment(s)
	roved by the shareholders through voting groups. The faceach voting group entitled to vote separately on the ame	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
selected	rector, president or officer – if directors or officers I, by an incorporator – if in the hands of a receiver, truste ed fiduciary by that fiduciary)	have not been e, or other court
	(Title of person signing)	

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the