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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Allstar Electrical C	Contractors Inc.	
DOCUMENT NUMI	P96000017706	<del></del>	
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Todd Maure Sr.		
		Name of Contact Perso	n
		Firm/ Company	
	851 Poinsettia Rd.		
		Address	
	Saint Augustine, FL 32086		
		City/ State and Zip Cod	e
	tmaure@allstar-electric.org		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Todd Maure Sr		904 at (	5403351
Name of Contact Person		Area Code & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment 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		Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Allstar Electrical Contractors Inc.

(Name of Corporation	on as currently filed with the	Florida Dept. of State)	
P96000017706			
(Досит	nent Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Co	orporation adopts the following amendm	nent(s) t
A. If amending name, enter the new name of the co	orporation:		
		The ne	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc,' "chartered," "professional association," or the abbre	or "Co". A professional co		
B. Enter new principal office address, if applicable	;		
(Principal office address MUST BE A STREET ADD		2020 AUS	
		A	!
			•
C. Enter new mailing address, if applicable:		0	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u> )	7	
		5: 2	-
		29	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	istand Lant.		
hereby accept the appointment as registered agent.		ne obligations of the position.	
Signa	ture of New Registered Agent, i	f 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)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	CEO	Joseph F Maure Sr	484 Aventurine Avenue
Add			Saint Augustine, FL 32086
X Remove			
2) X Change	CEO	Todd Maure Sr - 60 %	851 Poinsettia Rd.
Add			Saint Augustine, FL 32086
Remove 3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending o	adding additional Articles, enter	change(s) here:		
(Attach addition	al sheets, if necessary). (Be speci	fic)		
		<u></u>		
	<del></del>			
		<u>.</u>	<del></del>	
			<u> </u>	
				_
<del></del>	<del></del>			
. If an amendm	nt provides for an exchange, recla	assification, or cancellation	of issued shares.	
provisions for	implementing the amendment if	not contained in the amend	ment itself:	
	licable, indicate N/A)			
oseph F Maure S	has stepped down as CEO and sold	his shares to Todd Maure Sr	Γ.	
losenh F Maure is	no longer involved in Allstar Electr	ical Contractors Inc		
		***		· · ·
		· ·		

	7/27/2020	
The date of each amendment(s) ad late this document was signed.	option:	, if other than th
Effective date if applicable:		
***************************************	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dipartment of State's records.	ate will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
7/27/2020 Dated		
Signature	rector, 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 could fiduciary by that fiduciary)	
	Todd J Maure Sr.	
-	(Typed or printed name of person signing)	<del> </del>
	COO now CEO	

(Title of person signing)