P96000104128

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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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C. LEWIS

DEC 2 0 2013

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Kerr Electrical Repair, Inc.
DOCUMENT NUMBER: P96000104128
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marci A. Rubin, Esq.
Name of Contact Person
Phillips, Cantor, Shalek & Rubin, P.A.
Firm/ Company
4000 Hollywood Blvd., Suite 500-N
Address
Hollywood, FL 33021
City/ State and Zip Code
mrubin@phillipslawyers.com E-mail address: (to be used for future annual report notification)
iz-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marci A. Rubin, Esq. at (954) 966-1820
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 Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Control Tallahassee, FL 32314 Control Tallahassee, FL 32314 Control Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

13 DEC 19 PM 4: 24 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Kerr Electrical Repair, Inc.		The state of the s	IUA
(Name of Corporation as currently	filed with the Florida Dep	t. of State)	
P96000104128			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flori ts Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp," "Inc." or "Co". A pro	my," or "incorporated" or the ab ofessional corporation name must c	breviation ontain the
B. Enter new principal office address, if applicab			
Principal office address <u>MUST BE A STREET AD</u>	<u>)DRESS</u>) 		
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)		
			
	 -		
	·		
D. If amending the registered agent and/or regist		ida, enter the name of the	
new registered agent and/or the new registere	a omce address:		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	
	(v.njy	(2.p C 0.0c)	
New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent.		ant the obligations of the newiting	
петегу иссерстве арронителя из гезимитей идет.	r am jammar with and acc	сре не вондановк ој те розион.	
Signature of	New Registered Agent, if cha	moina	
Congression Cop 1	The standard of the cost of th		

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:

 $P \sim President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO <math>\sim$ Chief Executive Officer; CFO \sim 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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	coo	David Strickland	140 NW 16th Street
· Add			Boca Raton, FL 33432
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		,	
Remove			
4) Change	_		
Remove			
5) Change			
Add			4,
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)	
	<u> </u>	<u>-</u>
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		and a surprise of the surprise
an amendment provides for an exch rovisions for implementing the ame	inge, reciassification, or cancell idment if not contained in the al	nendment itself:
		 _
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		····
(if not applicable, indicate N/A)		
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SECRETARY OF STATE
ALL AHASSET, FLORIDA The date of each amendment(s) adoption: _____ date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) 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 east for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated December 5, 2013 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) (Typed or printed name of person signing) FINANCIAL Chief Executive Officer

(Title of person signing)