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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Electrical Design	Associates, Inc.		
DOCUMENT NU	P9800008683.1			
The enclosed Articl	es of Amendment and fee are st	ubmitted for filing.		
Please return all cor	respondence concerning this ma	atter to the following:		
	Lillian M. Reyes, P.E.			
		Name of Contact Person		
	Electrical Design Associates	Inc.		
		Firm/ Company		
	8401 Lake Worth Road, Suite 221			
		Address		
	Lake Worth, FL 33467			
		City/ State and Zip Code	2	
LR	.eyes@goeda.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
Lillian M. Reyes		561	819-5556	
Nam	e of Contact Person	at (561) 819-5556 Area Code & Daytime Telephone Nur		
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	□S43.75 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 Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Electrical Design Associates, Inc.

(Name of Corporation	as currently filed with the Florida Dept. of State)
P98000086834	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corp	oration:
N/A	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
	
C. Enter new mailing address, if applicable:	N/A die Co
(Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligations of the position.
Signatu	re of New Registered Agent, if changing

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	William C. Nelson, P.E.	6965 Piazza Grande Avenue, #412
X Add			Orlando, FL 32835
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		-	
Add			
Remove			-
6) Change	_		
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	<u></u>			
/A					
		-	-		
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If an amendment provides for an exch	ange, reclassifica	tion, or cancellat	tion of issued sh	ares.	
provisions for implementing the amer	ndment if not con	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
Α					
			 ,		
					
		-		<u>-</u> -	
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		_ _	<u> </u>		

	July 10, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	L. 10, 2019	
Effective date <u>if applicable</u> :	lly 10, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were as by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were ac	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.		
July 10, 2 Dated	2018	
0.	1/1/2	
Signature	director, president or other officer - if directors or officers have not been	
select	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Lillian M. Reyes, P.E.	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	