17980000086834

	(Requestor's Name)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Dusiness Entity Paints)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions	s to Filing Officer:

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Tallahassee, FL 32303

TO: Amendment Se Division of Cor			4
NAME OF CORPO	DRATION: Electrical Design	Associates, Inc.	
	1BER: P98000086834		
The enclosed Article	s of Amendment and fee are su	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Dameion Donaldson, P.E.		
		Name of Contact Persor	
	Electrical Design Associates,	, Inc.	
		Firm/ Company	
	8401 Lake Worth Road, Suite	e 221	
		Address	
	Lake Worth, FL 33467		
		City/ State and Zip Code	
	DDonaldson@Goeda.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Dameion Donaldson		at (819-5556
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:
S35 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)
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Division The Ce	Address ment Section n of Corporations entre of Tallahassee I. Monroe Street, Suite 810

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2021

DAMEION DONALDSON, P.E. 8401 LAKE WORTH ROAD STE. 221 LAKE WORTH, FL 33467

SUBJECT: ELECTRICAL DESIGN ASSOCIATES, INC.

Ref. Number: P98000086834

We have received your document for ELECTRICAL DESIGN ASSOCIATES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

You failed to sign the form.

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.

Irene Albritton Regulatory Specialist III

Letter Number: 621A00022338

Articles of Amendment Articles of Incorporation

	•	of			
Electrical Design Associates, Inc.				•	
(<u>Name</u>	of Corporation as curren	tly filed with the Florida De	ept. of State)		
P98000086834					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation	radopts the following	, amendme	ent(s) t
A. If amending name, enter the new r	ame of the corporation:				
N/A				The new	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered." "professional association,	Corp, " "Inc," or "Co".	A professional corporation	d" or the abbreviation	n "Corp., "	•
R - Enter new principal office address	if applicable	N/A			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				73	
			 	<u></u>	- 4
				- 75 5	
C. Enter new mailing address, if app		N/A		r->	, ;
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				P 12: 49	
				المتحدد والأر	
			9		
D. If amending the registered agent a new registered agent and/or the ne	nd/or registered office addresses w registered office address	dress in Florida, enter the n	ame of the	·	
Name of New Registered Agent	N/A				
nume by their negatorea rigem					
New Registered Office Address:	(Florida s	treet address)			
	N/A		, Florida		
New neginered Office Address.		(City)	, Florida (Zip Ce	rde)	

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.

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 $\underline{\mathbf{V}}$ Mike Jones X AddSVSally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) Heather Loggins 8401 Lake Worth Rd, #221 1) ____ Change Lake Worth, Fl. 33467 _ Add _ Remove Dameion Donaldson 8401 Lake Worth Rd, #221 _ Change Lake Worth, FL 33467 __ Add _ Remove 3) ____ Change Add __ Remove 4) ____ Change __ Add Remove 5) ____ Change __ Add Remove 6) ____ Change __ Add Remove

ach additional sheets, if necessary).	• •	
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	*	
n amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
ovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(g) his approxime, material (4/11)		
* . **********************************		

	September 1, 2021
The date of each amendment(s date this document was signed.) adoption:, if other than the
_	eptember 1, 2021
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved 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 c	ast for the amendment(s) was/were sufficient for approval
hy	(voting group)
Dated	9/20/21 Dondo
Signature	Words
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Dameion Donaldson, P.E.
	(Typed or printed name of person signing)
	President / Treasurer / Security

(Title of person signing)