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MAR 1 2 2015

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: CHINCHOR	ELECTRIC, IN	NC.		
DOCUMENT NUMBER: S19759				
The enclosed Articles of Amendment and fee are subm	nitted for filing.			
Please return all correspondence concerning this matte	er to the following:			
TIMOTHY Z. CHIN	ICHOR			
	Name of Contact Person	n		
CHINCHOR ELEC	TRIC,INC.			
	Firm/ Company	<u>-</u>		
P.O. BOX 4311				
	Address			
ENTERPRISE, FL	32725			
City/ State and Zip Code				
robert@chinchorelectr	ric.com			
E-mail address: (to be used		notification)		
For further information concerning this matter, please of	call:			
TIMOTHY Z. CHINCHOR	at (386	, 774-1020		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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 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

CHINCHOR ELECTRIC, INC) .			2°54		
(Name of Corporation as curren	ntly filed with the Flo	orida Dept. of State)			5	
S19759				<u> </u>	Ŕ	
(Document Num	ber of Corporation (if	known)		石至	15 MAR 10	\equiv
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following	g ameridme		FILED
ns Anticles of meorporation.				ور شر میدرد	ထဲ	
A. If amending name, enter the new name of the	the corporation:				53	
N/A				The new		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	Corp," "Inc," or "C	o". A professional corpora	rated" or the ab tion name must c	breviation ontain the		
• •		N/A				
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET	<u>cable:</u> ` <i>ADDRESS</i>)					
C. Enter new mailing address, if applicable:		N1/A				
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A				
D. If amending the registered agent and/or re-		ss in Florida, enter the name	e of the			
new registered agent and/or the new regist						
Name of New Registered Agent N/A	_					
·	(Florida stree	t address)				
New Registered Office Address:		, Florida				
	(City)		(Zip Code)			
New Degistered Ananth Standard Standard	Desistant Assets					
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ago		th and accept the obligations	of the position.			
•			-			
Signature	of New Registered Ag	ent, 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 <math>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>	<u>Name</u>	<u>Addres</u> s
1) Change	٧	JEFF C. SOLTIS	1579 DEERFIELD AVE.
Add			DELTONA, FL 32725
Remove			
2) Change	V	TIMOTHY I. CHINCHOR	470 GREENRIDGE CT.
Add			DEBARY, FL 32713
Remove			
3) Change	S	MARIAH ANSELMO	9 OLEANDER LANE
Add			DEBARY, FL 32713
Remove			
4) Change			
Add	 		
Remove			
5) Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	<u>icles, enter change(s) here</u> : (Be specific)
•	(be specific)
<u>/A</u>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment users.
/A	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by	
(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	
Signature	
(By a director, president of other officers or officers have not been selected by an interportion – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
TIMOTHY Z. CHINCHOR	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	