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(Cit	y/State/Zip/Phone	÷#)
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(Do	cument Number)	
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COVER LETTER

Division of Corporations Bob's Electric, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: # V4/899 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Rachel Deakin Bob's Electric, Inc 3275 East Venice Ave Venice, FL 34292
City/ State and Zip Code Bobs. electric 1 @ verizon. net

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (941) 488 - 1654 Area Code & 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

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to	FILED
Articles of Inco	rporation
of	18 JUH -6 PM 12: 44
Bob's Electr	ic, Inc.
(Name of Corporation as currently	filed with the Florida Dept, of State)
# V41899	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and confain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent /	A
(Florida stre	ot address)
17 10/144 3/24	1.
New Registered Office Address:	Florida
(1	Sity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	th and accept the obligations of the position.
n/ 1.4	•
Signature of New Re	gistered Agent, if changing
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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	<u>Addres</u> s
1) Change	E	David A Deakin	3275 E. Venice Ave Venice, FL 34292
Add	Treasu	ver	Venice, FL 34292
X_ Remove			
	Treasu	rer Mark Deo	3275 E. Venice Ave Venice, FL 34292
X Add		,	Venice, FL 39292
Remove			101000001119-10201
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional shee	ets, if necessary).	(Be specific)				
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an amendment pro	vides for an excl	hange, reclassific	ation, or cancell	ation of issued sh	ares,	
provisions for imple (if not applicable	menting the ame indicate N/A)		ntained in the a	mendment itself:		
	•	NA				=.
					 	
		<u> </u>	······			
				·		

The date of each amendment(s) a date this document was signed.	Jopanni	, if other th
Effective date <u>if applicable</u> :	6-1	-2018
	(no more than 90 days aj	ler amendment file date)
Note: If the date inserted in this bedocument's effective date on the De		autory filing requirements, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number fficient for approval.	of votes cast for the amendment(s)
	proved by the shareholders through voti each voting group entitled to vote sepa	
	for the amendment(s) was/were sufficient	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	ppted by the board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without share	cholder action and shareholder
Dated	-1-2018	
Signature	West late:	
(By a d	irector, president or other officer - if d	rectors or officers have not been
	d, by an incorporator – if in the hands of ted fiduciary by that fiduciary)	a receiver, trustee, or other court
	Kiron	leakin
	(Typed or printed name of	person signing)
	Socreti	îr.
	(Title of person	