V43504

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COVER LETTER

Division of Corporations CAPE CORAL ELECTRIC, INC. V 43504 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAY W. PescaTore Obje COVAL ELECTRIC, INC. 11591 Chitwood Dr. FT. MYErs, Fl. 33908
City/State and Zin Code Cape - electrice hot mil, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SAY PESCITOR at (239) 707 - 908 6
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 Filling Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Conv. Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

of

(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State) 1 43504
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:
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.
Signature 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)

Example:

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 officertdirector 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	<u>PT</u> <u>John D</u>	<u>oc</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	ones .	
X Add	<u>SV</u> <u>Sally S</u>	m <u>ith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	000	Bob Leisurc	1591 CHITWOOD OF
Add Remove			FT. MYERS, F1.33908
Remove	<i>)</i>		
2) X Change	Sec/Thes	Franko Grosse	11591 Chitwoop PP.
Add			FT. MYETS, F1.33908
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

macii adamonta mileta	s, if necessary).	cles, enter change (Be specific)	<u></u>		
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f an amendment provi	des for an exch	ange, reclassifica	tion, or cancellatio	n of issued share	<u>es.</u>
provisions for implementation (if not applicable, i	enting the amer	idment if not con	tained in the amer	idment itself:	
(g and applicable, i	, marcust (1177)				
					
				···	

The date of each amendment(s) adoption:date this document was signed.	7/30/17	, if other than th
Effective date <u>if applicable</u> :	7/30/17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	not meet the applicable statutory filing requirements, t 'State's records,	this date will not be listed as th
Adoption of Amendment(s) (<u>CH</u>	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amend approval.	ment(s)
	e shareholders through voting groups. The following stage group entitled to vote separately on the amendment(s	
"The number of votes east for the amen	ndment(s) was/were sufficient for approval	
by(vot	ting group)	
☐ The amendment(s) was/were adopted by the laction was not required.	board of directors without shareholder action and share	eholder
The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and sharehold	der
Dated 7/30/	17	
Signature My 2	Vessler	
	ident or other officer - if directors or officers have not	
sected: by an inco appointed fiduciary	orporator – if in the hands of a receiver, trustee, or othe by that fiduciary)	r court
J	by w. PescoTor &	
- ((Typed or printed name of person signing)	
	155, dans	
•	(Title of person signing)	