

915-000078470

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000312387 3)))



H220003123873ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : LERRO & CHANDROSS PLLC  
Account Number : I20040000118  
Phone : (561)995-0064  
Fax Number : (561)995-7551

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2022 SEP -9 PM 3:33

RECEIVED

2022 SEP -9 AM 8:16

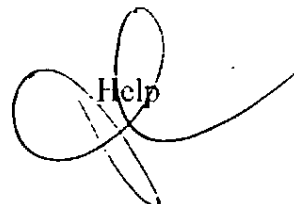
FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AC. ELECTRIC INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



Help

((H22000312387 3)))

((H22000312387 3)))

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AC.Electric Inc.

DOCUMENT NUMBER: P15000078470

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Lerro

(Name of Contact Person)

Lerro & Chandross PLLC

(Firm/ Company)

1499 W Palmetto Pk Rd Ste 107

(Address)

Boca Raton, FL 33486

(City/ State and Zip Code)

mcasanova@vcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victor Lerro

at 561-995-0064

(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 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

((H22000312387 3)))

FILED  
 2022 SEP -9 AM 8:16  
 TALLAHASSEE, FL  
 DIVISION OF STATE

((H22000312387 3)))

Articles of Amendment to Articles of Incorporation of

AC. Electric, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000078470

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

4791 N Federal Hwy, Ste C5-350 Boca Raton, FL 33487

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

4791 N Federal Hwy, Ste C5-350 Boca Raton, FL 33487

FILED 2022 SEP -9 AM 8:16

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: Anthony Colandrea
4791 N Federal Hwy, Ste C5-350 (Florida street address)
New Registered Office Address: Boca Raton, Florida 33487 (City) (Zip Code)

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

((H22000312387 3)))

((H22000312387 3)))

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	<u>P</u>	<u>Anthony Colandrea</u>	<u>4791 N Federal Hwy, Ste C5-350</u> <u>Boca Raton, FL 33487</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add  <input type="checkbox"/> Remove	_____	_____	_____

2022 SEP 9 AM 8:16  
 FILED  
 TALLAHASSEE FL  
 DE SHERIFF

FILED

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

---



---



---



---



---

((H22000312387 3))

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

2022 SEP -9 AM 8:16  
 MISSISSIPPI  
 DEPARTMENT OF REVENUE

**FILED**

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)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

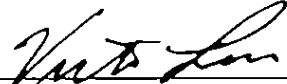
- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

((H22000312387 3))

((H22000312387 3))

- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 09/09/22

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Victor Lerro  
(Typed or printed name of person signing)

Attorney in Fact  
(Title of person signing)

((H22000312387 3))