DYWW0/558

(Rec	questor's Name)		
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(Business Entity Name)			
(Document Number)			
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MILLAHASSEE, FIGUE

COVER LETTER

TO: Amendment Se Division of Co			
NAME OF CORP	ORATION: (GIS INC	
DOCUMENT NUI	MBER: <u>04</u>	G15 INC 000015580	
The enclosed Articl	es of Amendment and fee a	re submitted for filing.	
Please return all con	respondence concerning this	s matter to the following:	
_	MG	25 IN C	·
i -			
		Firm/ Company	
· _	1999	S, Milit	ary trail
		Address	
	Wp3	ity/ State and Zip Code	O
-	Ci	ty/ State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further informa	tion concerning this matter,	please call:	
Maria Name	GEN OVISE of Contact Person	at (561) 669- Area Code & Daytime Tel	
Enclosed is a check	for the following amount m	ade payable to the Florida Depar	tment 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 Ad Amendment Division of P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ.	le

Tallahassee, FL 32301

Articles of Amendment to

Articles of Am	endment			
to				
Articles of Inco	rporation			
of				
MGLS INC	rporation All SEP 10 PH 4. 4.3			
(Name of Corporation as currently filed with the	ne Florida Dept. of State)			
P040000 155	30 (S)			
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
(Document Number of Corporation	on (tt known)			
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporation	<u>ı:</u>			
	The new			
name must contain the word "chartered." "professional associal 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)	ups F1 33415			
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: Maria	GENOVESE			
	Military trail da street address)			
$\frac{\sqrt{2}}{(\text{dity})}$	Zip Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent.	tiar with and accept the obligations of the position.			

Signature of New Registered Agent, if changing

The date of each amendment((s) adoption: $9-1-10$
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
·	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Signature (By	a director, president or other officer – if directors or officers have not been
	cted, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Marin Gerenal
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)