P07000000989

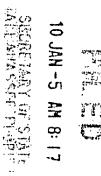
(Requestor's Name)
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M/C E Amend

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	PORATION:	MCH Professional Servi	ces, Inc.
DOCUMENT NU	MBER:	P0700000098	39
The enclosed Artic	les of Amendment and fee	are submitted for filing.	
Please return all co	rrespondence concerning th	nis matter to the following:	
		Michael C. Huckins	
		Name of Contact Person	
	MCH P	rofessional Services, Inc.	
Firm/ Company 5587 Cameo Drive North		******	
-		Address	
		oca Raton, FL 33433	
	ı	City/ State and Zip Code	
	mhuckin	scpa@mchpros.com	
-	E-mail address: (to be us	sed for future annual report notification	on)
For further informa	ation concerning this matter	r, please call:	
Mid	chael C. Huckins	at (954)	798-4744
Name	of Contact Person	at (<u>954</u>) Area Code & Daytime	e Telephone Number
Enclosed is a check	k for the following amount	made payable to the Florida De	epartment of State:
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclose	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	<u>ddress</u>	Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	S
P.O. Box 6327		Clifton Building	~
Tallahaccae	EI 2021/	2661 Evecutive Center ('irolo

Tallahassee, FL 32301



January 11, 2010

MICHAEL C. HUCKINS 5587 CAMEO DRIVE NORTH BOCA RATON, FL 33433

SUBJECT: MCH PROFESSIONAL SERVICES, INC.

Ref. Number: P07000000989

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

When changing the name of a corporation filed pursuant to chapter 607, Florida Statutes, to that of a professional service corporation filed pursuant to chapter 621, Florida Statutes, the specific business purpose must also be added or changed to indicate what type of professional service the corporation will be rendering.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 610A00000747

Articles of Amendment to Articles of Incorporation of

MCH Professional Servi (Name of Corporation as currently filed with	<u>·</u>	f State)		
P0700000989 (Document Number of Corporate				
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Pro	ofit Corporation a	dopts the foll	lowing
A. If amending name, enter the new name of the corporation	on:			
Michael C. Huckins, CP			The new	
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associ	Corp," "Inc," or "Co	o". A professiona	ated" or the al corporation	!
 B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office 		a, enter the name	10 JAN -5 AM 8: 17	
new registered agent and/or the new registered office ad Name of New Registered Agent:	ldress:			
New Registered Office Address: (Flor	rida street address)			
		, Florida		
(City, New Registered Agent's Signature, if changing Registered A	Agent:	(Zip Code)		
I hereby accept the appointment as registered agent. I am fan Signature of Nev	niliar with and accep w Registered Agent,		f the position.	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			
			Remove
		rticles, enter change(s) here:	
(attach d	additional sheets, if necessary,). (Be specific)	
	THE SPECIFIC	PA FIRM).	e OUNTWG-
DNO	D TAXES (C	PA FIRM).	
		9	
-			
F. Ifans	amendment provides for an a	exchange, reclassification, or cancella	tion of issued shares.
provis	sions for implementing the a	mendment if not contained in the ame	
(if	not applicable, indicate N/A)		
N/A			

The date of each amendment	(s) adoption: 12/31/2009
Effective date <u>if applicable</u> :	(s) adoption: 12/31/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	12/3/09
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Michael C. Huckins
	(Typed or printed name of person signing)
	President
	(Title of person signing)