P21000025904

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MDS DUCT INS	ULATION INSTALLERS	INC.		
DOCUMENT NUM	BER: P21000025904	<u> </u>			
The enclosed Articles	s of Amendment and fee are st	ubmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	VICENTE FRAGOSO				
		Name of Contact Perso	on		
	MDS DUCT INSULATION INSTALLERS INC.				
	Firm/ Company				
	2294 SW 156TH LOOP				
	Address				
	OCALA, FL 34473				
		City/ State and Zip Coo	le		
	paula19@mdsdiinstallers.com	าา			
		sed for future annual repor	t notification)		
For further information	on concerning this matter, plea	se call:			
Vicente Fragoso		at (554-3830		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MDS DUCT INSULATION INSTALLE	RS INC.		
(Name o	of Corporation as current	y filed with the Florid	la Dept. of State)
P21000025904			
	(Document Number o	f Corporation (if know	n)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Coartered," "professional association,"	Corp." "Inc." or " Co ". $ ilde{z}$	company," or "incorpo 4 professional corpor	orated" or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		(0.8)
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			PIL 19 MM 8: SECNI LISY OF STANIANS SEE, F
D. If amending the registered agent ar			30 30 × 1
new registered agent and/or the new	•	<u>u</u>	
Name of New Registered Agent	VICENTE FRAGOSO		
	(Florida str	eet address)	
New Registered Office Address:	2294 SW 156TH LOOP	OCALA	. Florida 34473
	_	(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar		
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	P	_	PAULA ARCOS	2294 SW 156TH LOOP
Add				OCALA, FL 34473
X Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)	
(A	xacti tudutional sneets, tj necessary). (be specific)	
		
	<u> </u>	
	an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
P	rovisions for implementing the amendment if not contained in the amendment itself:	
	(if not applicable, indicate N/A)	
		_ ·

The date of each amendment(s) adoption: _	 	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendn	ient file date)
Note: If the date inserted in this block does document's effective date on the Department of		requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
■ The amendment(s) was/were adopted by th action was not required.	ne incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo		ist for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin		
"The number of votes east for the am	nendment(s) was/were sufficient for app	roval
by		
. (ve	oting group)	
Dated	7-6-21	
Signature		
	esident or other officer – if directors or c ecorporator – if in the hands of a receive	
	ry by that fiduciary)	, rustee, or other court
VICENTE	E FRAGOSO	
	(Typed or printed name of person sign	ing)
PRESIDE	ENT	

(Title of person signing)