

674501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

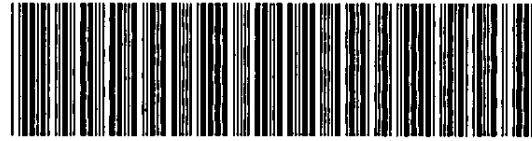
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16 NOV - 8 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 08 2016
D CUSHING

HOLBROOK, AKEL, COLD, RAY & REICHARD, P.A.

ATTORNEYS AT LAW

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November 4, 2016

Personal & Confidential

Diane Cushing
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: MPT, Jax, Inc.

Dear Ms. Cushing:

Enclosed please the corrected Corporation Reinstatement and Articles of Amendment along with a check in the amount of \$1,085.00.

Thank you for your prompt attention to this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,

Kathleen Holbrook Cold

KHC/as
Enclosures

15 NOV - 8 PM 3:32
FBI

Articles of Amendment
to
Articles of Incorporation
of

19 NOV - 8 PM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPT, Inc

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

674501

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

MPT, Jax, Inc.

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)

2746 JOE ASHTON ROAD
ST. AUGUSTINE, FLORIDA
32092

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

2746 JOE ASHTON ROAD
ST. AUGUSTINE, FLORIDA
32092

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 Kathleen Holbrook Cold

One Independent Dr, Ste 2301, Jacksonville, FL 32202
(Florida street address)

New Registered Office Address: Jacksonville, Florida 32202
(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

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOV. 1, 2016

Signature Maryl T. Thomas
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARYLV T. THOMAS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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