H22402

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(Add	ress)	
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(City	/State/Zip/Phone	: #)
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JUL 20 2016 C McNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Metroplex Investm	nents Inc.		
	JMBER: H22402	·		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	Mal David			
		Name of Contact Person	n .	
	Metroplex Investments			
		Firm/ Company		
	POB 940456			
	Address			
	Maitland,FL. 32794			
		City/ State and Zip Cod	e	
m	nal@metroplexinvestments.com			
	•	sed for future annual report	notification)	
	D man adaress (to se al	ou for factor annual report	nonneau on y	
For further inform	ation concerning this matter, pleas	se call:	·	
Mal David		at (383-7100	
Na	me of Contact Person		de & Daytime Telephone Number	
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	e □\$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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Metroplex Investments Inc.

(Name o	of Corporation as cur	rrently filed with the Florida	Dept. of State)	- St. 1994
H22402				19 A. 19 Mg
	(Document Num	ber of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes	, this Florida Profit Corporat	ion adopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporatio	on:		
NA				The new
name must be distinguishable and cons "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc,"	or "Co". A professional co	corporated" or the ab	breviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		108 Water Oak Ln.		
		Altamonte Springs, F	L. 32714	
				
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		NA		
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	NA			
	· (Flori	ida street address)		
New Registered Office Address:	108 Water Oak Ln.	Altamonte Springs,	, Florida 32714	
		(City)	(Zip C	ode)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			gations of the position.	
	Signature of I	New Registered Agent, if chan	ging	

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	NA	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change			·	
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change				
Add				
Remove				<u> </u>
6) Change				
Add			•	
Remove				

E. <u>If ar</u> (Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
NA	
F. <u>If a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
NT A	(tj not applicable, indicale WA)
NA	
·	

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date if applicable:	· ·	·
	(no more than 90 days after amendment file date)	
	ock does not meet the applicable statutory filing requirements, this d	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes east for the amendment ficient for approval.	(s)
	oved by the shareholders through voting groups. The following statements are the voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval.	
by	, · · · · · · · · · · · · · · · · · · ·	•
•	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopt action was not required.	sted by the incorporators without shareholder action and shareholder	
07/08/2016 Dated		
Signature <u>A</u>	Dist/	
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
1	Austin David	
-	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	