# 251171

(Requestor's Name)				
(Address)				
(Ad	Idress)			
(Cil	ty/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Na	me)		
(Do	ocument Number)	)		
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



900211061349

08/29/11--01019--006 \*\*35.00

OH OCT 27 AM HO 40
SECRETARY OF STATE

Amend Brown 10-27-11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:MAGNO	LIA INDUSTRIES INC	c
DOCUMENT NUMBER:	//7/	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
MICHAEL J.	HYNSON me of Contact Person	
Na	me of Contact Person	
MAGNOLIA	Firm/ Company	
604 SAUAGE	CT. Address	
LONGWOOD,	FL 32750 y/ State and Zip Code	
E-mail address: (to be used	tor future annual report notification)	<del></del>
For further information concerning this matter, p	olease call:	
MICHAEL HYNSON Name of Contact Person	at ( <u>407</u> ) <u>260 - 0</u> Area Code & Daytime Tele	330 ephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\Bigcup \$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2011

MICHAEL HYNSON MAGNOLIA INDUSTRIES, INC. 604 SAVAGE CT LONGWOOD, FL 32750

SUBJECT: MAGNOLIA INDUSTRIES, INC.

Ref. Number: L51171

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

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 811A00020418

## **Articles of Amendment**

to Articles of Incorporation of

MAGNOCIA (NDL	ISTRIE	s, inc.		20//	OCT 27 AM KO SSEE 5 STA
(Name of Corporation as currently fi	iled with th	<u>ie Florida D</u>	ept. of Stat	e) 18 SECA	27 Am.
L511	7/			AHA	MAY CO
(Document Number of			)	•	OCT 27  TARY OF S  SSEE FLORITA  Adopts the folk
suant to the provisions of section 607.1006, Florendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Flori</i>	da Profit C	Corporation 2	adopts the follo
If amending name, enter the new name of the co	<u>orporation</u>	<u>:</u>			
					The new
ne must be distinguishable and contain the wo reviation "Corp.," "Inc.," or Co.," or the desigr ne must contain the word "chartered," "profession	nation "Coi	rp, " "Inc, "	or "Co". A	professiona	
Enter new principal office address, if applicable	ρ•	604	SAVALLE	CT	
incipal office address <u>MUST BE A STREET ADL</u>	DRESS)	Loncu	100D, F	CT. L 327	50
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>DX</b> )	604 SA	VAGE C	77	<del></del>
(Manning want to be in the control of the control o	<u></u>	LANGU	loab E	Ti L 321:	 (7)
	-	207-02	, , ,	<u> </u>	
If a a dim a 4h a aist al a 4 1/a i		dd : 17	laudda amea	4h a mama a	£4ha
If amending the registered agent and/or registern new registered agent and/or the new registered			iorida, ente	r the name (	or the
Name of New Registered Agent:				-	
				-	
New Registered Office Address:		a street addi	ress)		
				_, Florida <i>Code)</i>	
	(City)		(Zip	Code)	
v Registered Agent's Signature, if changing Reg	vistered Ao	ent <sup>,</sup>			
reby accept the appointment as registered agent.			accept the o	bligations of	the position.
Signatur	re of New E	Pagistavad A	gent if chan	aina	

# 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>	Address	Type of Action
			<b>—</b> _
<del> </del>			
	ling or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
<u>provisio</u>	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) :	adoption: S-	- 24-11
Constitut data is amplicable.		option is required)
Effective date <u>if applicable</u> : (no	o more than 90 days after c	amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were as by the shareholders was/were s	= =	The number of votes cast for the amendment(s)
		es through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was	were sufficient for approval
by		
(vo	ting group)	
action was not required.		ctors without shareholder action and shareholder s without shareholder action and shareholder
selected	irector, president of other of	officer – if directors or officers have not been the hands of a receiver, trustee, or other court ary)
_		name of person signing)
_	TRESIDENT	na)
	(Title of person signi	ng)