P02000110131

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(10 5/20/10)

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TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION:	MORS CONTRACTORS,	INC.	
DOCUMENT NUM	DCUMENT NUMBER: P02000110131			
The enclosed Articles	s of Amendment and fee a	are submitted for filing.		
Please return all corre	espondence concerning th	is matter to the following:		
		UICEDEC O. VIVEROS		
	1	Name of Contact Person		
	MORS	CONTRACTORS, INC.		
		Firm/ Company		
		PO BOX 173426		
,		Address		
	Н	IALEAH, FL 33017		
	C	City/ State and Zip Code		
	MORS@MOR E-mail address: (to be use	SCONTRACTORS.COM ed for future annual report notification)		
For further information	on concerning this matter,	please call:		
KATHE	RINE VIVEROS	at (305) 96	8 - 8839	
Name of	Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check for	or the following amount n	nade payable to the Florida Depart	ment of State:	
☑ \$35 Filing Fee	\$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 Tallahassee, FL 32301	e	

Articles of Amendment to **Articles of Incorporation** of

MORS CONTRACTORS, INC.

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

P02000	10131	
(Document Number o	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the follo
A. If amending name, enter the new name of the c	orporation:	
MCI CONTRA	CTORS, INC.	The new
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	nation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u>) <u>PO BOX 173426</u>	3
	HIALEAH, FL 33	3017
D. If amending the registered agent and/or registered new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		the obligations of the position
I nor coy accept the appointment as registered agent.	i am jamusur viin unu uccepi	the congunous of the position.
Signate	ra of Naw Registered Agent it	chanaina

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
	-		
			☐ Add ☐ Remove
			Add Remove
	nding or adding additional A additional sheets, if necessary	articles, enter change(s) here:). (Be specific)	
F. If an a	amendment provides for an o	exchange, reclassification, or cancella	tion of issued shares.
provis		mendment if not contained in the amo	
	· · · · · · · · · · · · · · · · · · ·		

t(s) adoption: MAY 24, 2010
MAY 24, 2010 (date of adoption is required)
(no more than 90 days after amendment file date)
(CHECK ONE)
ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
ere approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
cast for the amendment(s) was/were sufficient for approval
(voting group)
re adopted by the hoard of directors without shareholder action and shareholder action acti
PRESIDENT
(Title of person signing)