## P03000125841

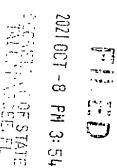
| (F                   | Requestor's Name)   |              |
|----------------------|---------------------|--------------|
| (Ā                   | Address)            |              |
| ( <i>f</i>           | Address)            |              |
| ((                   | City/State/Zip/Phor | ne #)        |
| PICK-UP              | ☐ WAIT              | MAIL         |
| (E                   | Business Entity Na  | ime)         |
| (1)                  | Document Number     | 7)           |
| Certified Copies     | Certificate         | es of Status |
| Special Instructions | to Filing Officer:  |              |
|                      |                     |              |
|                      |                     |              |
|                      |                     |              |
|                      | <del> </del>        |              |

Office Use Only



300374617503

10/08/21--01015--024 \*\*70.00



A. Butter



Post Office Box 262 St. Petersburg, Florida 33731 Telephone: 813-868-5601 Toll-Free: 866-225-3MLG (3654) Nikki L, Barker\*

JENNIFER L. CODDING\* ◀

STARLETT M. MASSEY \*\*

RICHARD S. RUBIN\* + +

\*LIGENSED IN FLORIDA

\*LIGENSED IN MICHIGAN

\*LIGENSED IN NEW HAMPSHIRE

\*LICENSED IN PENNSYLVANIA

\*LIGENSED IN MASSACHUSELIS

October 6, 2021

Florida Department of State Attn: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Incorporation Filing Fees

Dear Sir or Madam:

Enclosed please find the following:

- 1. an Amendment Form for MCS General Contacting, Inc. Articles of Incorporation:
- 2. an Amendment Form for Gallery of Art of Panama City. Inc. Articles of Incorporation; and
- 3. check no. 1412 in the amount of \$70.00 made payable to the Florida Department of State for the Filing Fee of both Amendment Forms.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Jennifer L. Codding

Jennifer L. Codding jcodding@masseylawgrouppa.com
For the Firm

JLC/fs Encs.

Massey Law Group, P.A. WWW.MasseyLawgrouppa.com

POST OFFICE Box 262 ST. PETERSBURG, Ft. 33731 TELEPHONE: 813-868-5601

3833 CENTRAL AVENUE 51 PETERSBURG, FL 33713 TOLL-FREE: 866-225-3MLG (3654)

## COVER LETTER

TO: Amendment Section Division of Corporations MCS General Contractors, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: PO3000125841 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Starlett M. Massey Name of Contact Person Massey Law Group, P.A. Firm/ Company P.O. Box 262 Address St. Petersburg, FL 33731 City/ State and Zip Code smassey(a)masseylawgrouppa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 813 ) 868-5601

Area Code & Daytime Telephone Number Starlett M. Massey Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$52.50 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

P.O. Box 6327

Amendment Section Division of Corporations

Street Address

Amendment Section

Division of Corporations
The Centre of Tallahassee

## Articles of Amendment Articles of Incorporation

FUED

| MCS General Contractors, Inc.  | 2021 OCT -8 PM 3: 55  |  |  |
|--|---|--|--|
| (Name of Corporation as curre  | ently filed with the Florida Dept. of State)                    |  |  |
| PO3000125841   | UECNERNO OF STATE   |  |  |
| (Document Number   | er of Corporation (if known)                                    |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:  | his Florida Profit Corporation adopts the following amendment(s |  |  |
| A. If amending name, enter the new name of the corporation   | <u>i</u>  |  |  |
|  | The new   |  |  |
| name must he distinguishable and contain the word "corporation,<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co".<br>"chartered," "professional association," or the abbreviation "P. | . A professional corporation name must contain the word         |  |  |
| B. Enter new principal office address, if applicable:  | 3833 Central Avenue   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | St. Petersburg, FL 33713  |  |  |
|  |   |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 3833 Central Avenue   |  |  |
|  | St. Petersburg, FL 33713  |  |  |
|  |   |  |  |
| D. If amending the registered agent and/or registered office a   | ddress in Florida, enter the name of the                        |  |  |
| new registered agent and/or the new registered office addr   | ess:  |  |  |
| Name of New Registered Agent   |   |  |  |
| (Florida   | ı street address)   |  |  |
| New Registered Office Address:   | , Florida   |  |  |
|  | (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.

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>P1</u>    | John Doe           |                          |
|-------------------------------|--------------|--------------------|--------------------------|
| X Remove                      | <u>V</u>     | Mike Jones         |                          |
| X Add                         | <u>sv</u>    | Sally Smith        |                          |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u>        | Address                  |
| 1) Change                     | D            | Maxwell R, Miller  | 101 E. Sixth Street      |
| Add                           |              | <u>1</u>           | Panama City, FL 32401    |
| 2) Change                     | PD           | Starlett M. Massey | 3833 Central Avenue      |
| X Add                         |              | ;<br>-             | St. Petersburg, FL 33713 |
| Remove 3) Change              |              |                    |                          |
| Add                           |              | -                  |                          |
| Remove                        |              | -                  |                          |
| 4) Change                     |              | <del></del>        |                          |
| Remove                        |              | -                  |                          |
| 5) Change                     |              |                    |                          |
| Add                           |              |                    |                          |
| Remove                        |              | -                  |                          |
| 6) Change                     |              |                    |                          |
| Add                           |              |                    |                          |
| Remove                        |              |                    |                          |

| (Attach additional | i <mark>dding additional Arti</mark><br>l sheets, if necessary). | (Be specific)       | (s) nere;           |                     |   |
|--------------------|--|---------------------|---------------------|---------------------|---|
| <b>(</b> =         | ·  | (ine apecyto)       |                     |                     |   |
|                    |  |                     | ***                 |                     |   |
|                    | <del>-</del>   |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     | <del></del>         |   |
|                    | ·  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
| ·                  |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  | <del></del>         |                     |                     |   |
|                    | -  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    | - · · · · · · · · · · · · · · · · · · ·                          |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
| <u>.</u>           | -  | <del>-</del>        |                     |                     |   |
|                    | _  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     | · |
|                    |  |                     |                     |                     |   |
| . If an amendment  | provides for an exchi  | ange, reclassificat | ion, or cancellatio | n of issued shares, |   |
| provisions for in  | nplementing the amen<br>able, indicate N/A)                      | idment if not cont  | ained in the amen   | dment itself:       |   |
| (y nor appried     | and, marcure 1471)   |                     |                     |                     |   |
| <u> </u>           |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |
|                    | <del>-</del>   | <del></del>         | <del>.</del>        |                     |   |
|                    |  |                     |                     |                     |   |
|                    |  |                     |                     |                     |   |

| The date of each amendment(s) adoption   | - 08/27/2021<br>I:   | , if other than the                       |
|--|--|---|
| date this document was signed.   |  | ,   |
| Effective date if applicable:  |  |   |
| -  | (no more than 90 days after amendment file do  | ite)                                      |
| Note: If the date inserted in this block do<br>document's effective date on the Departme | nes not meet the applicable statutory filing requirement of State's records.   | ents, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |   |
| ☐ The amendment(s) was/were adopted by action was not required.                          | y the incorporators, or board of directors without share   | reholder action and shareholder           |
| ■ The amendment(s) was/were adopted by<br>by the shareholders was/were sufficient        | y the shareholders. The number of votes east for the t for approval.   | amendment(s)                              |
|  | by the shareholders through voting groups. The follooting group entitled to vote separately on the amenda                                  |   |
| "The number of votes cast for the  | amendment(s) was/were sufficient for approval  |   |
| by   | ,,   |   |
|  | (voting group)   |   |
| selected, by at  | president or other officer – if directors or officers had incorporator – if in the hands of a receiver, trustee, aciary by that fiduciary) |   |
| Starlet  | t M. Massey  |   |
|  | (Typed or printed name of person signing)  |   |
| Preside  | ent  |   |
|  | (Title of person signing)  |   |