

P03000126208

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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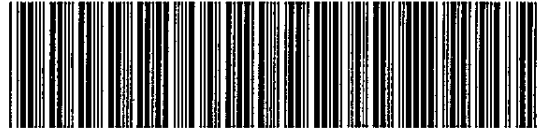
(Business Entity Name)

(Document Number)

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FILED  
04 APR 16 AM 8:55  
TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

Amend  
MAD 4/26

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MPK CABINET INC.

**DOCUMENT NUMBER:** PO300012620B

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK J. TELKEIRA

(Name of Person)

MPK CABINET INC.

(Name of Firm/ Company)

1035 NW 17 AVE SUITE # 2

(Address)

DEL RAY BEACH FL 33445

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

MARK J. TELKEIRA

(Name of Person)

at ( 954 ) 646 6745

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

MPK CABINET, INC.

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

P03000126208

(Document number of corporation (if known))

FILED  
04 APR 6 AM 8:55  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

**NEW CORPORATE NAME (if changing):**

N/A

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

BEING LISTED AS A REGISTERED AGENT DOES  
NOT ALLOW ME TO OBTAIN MY WORKERS COMP.  
WAIVER. I NEED TO BE LISTED AS THE  
OFFICER / DIRECTOR OF MPK CABINET INC.  
MY NAME AND ADDRESS MARK J. TEIXEIRA  
8070 NW 47th  
LAUDERHILL FL. 33351

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 4/10/04

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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  
1  
(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.

Signed this 10 day of APRIL, 2004

Signature

[Signature]  
(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)

MARK J. TEIXEIRA

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)

**FILING FEE: \$35**