P04000017849

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Eip// Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·
·

Office Use Only



100131649661

07/23/08--01003--019 **10.00

06/27/08--01008--004 **25.00

DIVISION OF CURFURATIONS

Anund 101/24/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MRL 1	tome Repairs	5 Inc	
DOCUMENT NUMBER: P040000	77849		
The enclosed Articles of Amendment and fee are s	submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Michael L (Name of C	Angston ontact Person)		
MRL HOME REPA	TiRS Company)		
226 Pringle Ci	R, dress)		
GREEN COVE SPRINGS, FL 32043 (City/ State and Zip Code)			
For further information concerning this matter, please call:			
Mike Langston (Name of Contact Person)	at (904) 591 - 9 (Area Code & Daytime Tel	ephone Number)	
Enclosed is a check for the following amount:			
25 Sant Certificate of Status 30 Sant Certificate of Status 10 Sant 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

July 11, 2008

MICHAEL LANGSTON MRL HOME REPAIRS INC. 226 PRINGLE CIR. GREEN COVE SPRINGS, FL 32043

SUBJECT: MRL HOME REPAIRS INC.

Ref. Number: P04000077849

We have received your document for MRL HOME REPAIRS 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):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 008A00040958

SECRETARY OF STATE ORIDA

2008 JUL 23 AM-8: 00

SECEINE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2008

MICHAEL LANGSTON MRL HOME REPAIRS INC. 226 PRINGLE CIR GREEN COVE SPRINGS, FL 32043

SUBJECT: MRL HOME REPAIRS INC.

Ref. Number: P04000077849

We have received your document for MRL HOME REPAIRS INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 708A00038987

Articles of Amendment to Articles of Incorporation of

P04000077849



MRL HOME REPAIRS Inc. (Name of corporation as currently filed with the Florida Dent of State)

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
AddRESS Change of CORP.
226 PRINGIE CIR
GREEN COVE Springs, FL 32043
Agents Address Change:
Michael Langston
226 Pringle Cir.
GREEN COVE Springs, FL 32043
(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) N/A

(continued)

The date of each amendment(s) adoption: 7/6/08 ML 6/22/08
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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
(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.
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)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE: \$35