P0500005567

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

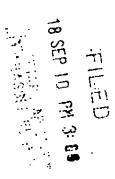
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S TALLENT SEP 1 4 2018



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Mark's Cabinetry	Services Inc			
DOCUMENT NUM	BER:				
	s of Amendment and fee are su	bmitted for fill	ng.		
Please return all corre	espondence concerning this ma	tter to the follo	wing:		
	Judith A. Boyce				
		Name of C	ontact Person	n	
	Mark's Cabinetry Services Inc.				
	- 	Firm/ (Company		
	12320 Crystal Commerce	Loop			
	Address				
	Ft. Myers, FL 33966				
		City/ State	and Zip Cod	e e	
iudv	@mcscabinets.net				
	E-mail address: (to be us	sed for future a	nnual renort	notification)	
	The second section of the second			,	
For further information	on concerning this matter, pleas	se call:			
Judith A. Boyce		at :	239	771-8551	
Name	of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Street	Address	
Am	endment Section		Amendment Section		
Division of Corporations		Division of Corporations			
). Box 6327			Building	
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

)		
Mark's Cabinetry Services Inc.			
(Name of Corporation as curren	itly filed with the Florida De	ept. of State)
P05000003567			
(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation	adopts the f	following amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corp		r the abbreviation
B. Enter new principal office address, if applicable:	12320 Crystal Comme	erce Loop	
(Principal office address MUST BE A STREET ADDRESS)	Ft. Myers, FL 33966		٠
			∵ ×
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6900 Daniels Parkway	ý	# T T T T T T T T T T T T T T T T T T T
	Suite 29 #137		
	Ft. Myers, FL 33912		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address N/A Name of New Registered Agent		ame of the	
(Florida s	street address)	<u> </u>	
		Florida	
New Registered Office Address:	(City)	1 10/100_	(Zip Code)

Signature of New Registered Agent, if changing

___H}A_

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Brian Remmel	6321 Metro Plantation Road
xx Add			Ft. Myers, FL 33966
Remove			
2) xx Change	ST	Dawn McNeill	5517 Harbour Preserve Circle
Add			Cape Coral, FL 33914
Remove			
3) Change	S	Corey S. Remmel	6321 Metro Plantation Road
Add			Ft. Myers, FL 33966
xx Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
-			
Add			
Remove			

I/A	dditional sheets, if necessary). (Be specific)
	
	
. <u>If an ar</u> provis	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(<i>if</i>	not applicable, indicate N/A)
I/A	

The date of each amendmen		, if other than the
date this document was signed	n. N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this dat the Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.)
	re approved by the shareholders through voting groups. The following stateme ed for each voting group entitled to vote separately on the amendment(s):	ni
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholde	г
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
9/4/2 Dated	2018	
Signature _	Max M. Nese	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	ı
	Mark McNeill	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	