## Po5000017539

(Requestor's Name)	
,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	·
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Certified Copies Certificates of Status _	
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Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MAL	INSTALLATIONS, INC.
	00017539
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
MAD 1359 Gul	Name of Contact Person  INSTALLATIONS, INC.  Firm/ Company  DUBOSE ROAD  Address  F BREEZE FL 32563  City/ State and Zip Code  Mad and and and and and and and and and a
For further information concerning this matter, please	e call:
JAMES MADURI	at (850) 932-0275
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	Certified Copy (Additional copy is enclosed)  \$\int_{\$\$}43.75\$ 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, PL 32301

## **Articles of Amendment**

	to Articles of Incorporation		FILE	
	of		20	PH 4: 03
MAD In	STACLATIONS, IN	2 31程	MUA 52	OF STATE E. FLORIBA
(Name of Corporation as current	ly filed with the Florida Dept. of St	ate) SE	CREINRY	E. FLORIBA
P0500001	7539	TAL	LAHASS	
(Document Number	er of Corporation (if known)	•		
ursuant to the provisions of section 607.1006, Flora Articles of Incorporation:	orida Statutes, this <i>Florida Profit Con</i>	<i>rporation</i> adop	ots the follow	wing amendmen
If amending name, enter the new name of th	e corporation:			
NA				The new
ord "chartered," "professional association," or  Enter new principal office address, if applic Principal office address MUST BE A STREET	able:	)/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		,   A		
				_
If amending the registered agent and/or reg new registered agent and/or the new registe		iter the name	of the	
Name of New Registered Agent	N /A	· · · · · · · · · · · · · · · · · · ·		
	(Florida street address)			
<del>- "</del>	(1 iorida sireer dadressy			
New Registered Office Address:	N/A	, Florida	(Zip Code)	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		· —	JOSEPH C. MADURI	1359 DUBOSE ROAD
Add Remove				GULF BREEZE, FL 32563
2) Change Add	$\vee$	<del></del>	NICHOLAS J. MADURI	1359 DUBOSE ROAD GULF BREEZE FL
Remove 3) Change Add	<del></del>	<u></u>		32563 
4) Change Add Remove		-		
5) Change Add Remove	<u></u>			
6) Change Add Remove	<del></del>	-		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Re specific)
	(be specific)
NA	
	······································
<del></del>	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ly not applicable, indicate NA)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
<del></del>	

The date of each amendment(s) add	option: Nov 1st 2012
Effective date if applicable:	Nov 1st 2012
<del></del>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	for the amendment(s) was/were sufficient for approval
by	,,
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder  pted by the incorporators without shareholder action and shareholder
DatedSignature	6V 21, 2012 0 Shmodu
(By a din selected	rector, president or other officer if directors or officers have not been , by an incorporator if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	JAMES T. MADURI
-	(Typed or printed name of person signing)
_	PRESIDENT
_	(Title of person signing)

## Mad Installations, Inc. 1359 Dubose Road Gulf Breeze, Fl 32563 (850) 932-0275

November 21, 2012

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

To Whom it May Concern,

Enclosed please find the completed Cover Letter, Articles of Amendment and check for filing fee for changes made to Mad Installations, Inc. If any further information is needed, please let us know.

Best Regards,

James T, Maduri Owner/President