## PD50000292110

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Document Number)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF COR	ME OF CORPORATION: M J & SONS TILE, INC		
DOCUMENT NI	JMBER:	P05000029260	·
The enclosed Arti	cles of Amendment and fee	are submitted for filing.	
Please return all c	orrespondence concerning th	nis matter to the following:	
		BRENDA WILLIA	
	1	Name of Contact Person	
S		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
<b>*</b> (	P.O. BOX 895549		
•		Address	
		ESBURG, FL 34789 City/ State and Zip Code	
		only office and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further inform	ation concerning this matter	, please call:	
В	RENDA WILLIS	at (352)2	217-4429
Name	e of Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a chec	k for the following amount r	made payable to the Florida Depar	rtment of State:
☑ \$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 Clifton Building 2661 Executive Center Circ	le

Tallahassee, FL 32301



February 10, 2010

BRENDA WILLIA P.O. BOX 895549 LEESBURG, FL 34789

SUBJECT: M J SONS & TILE, INC.

Ref. Number: P05000029260

We have received your document for M J SONS & TILE, 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):

Brenda Willis has signed in part (D) referencing the change of registered agent information but did not indicate a change in registered agent. Please list the new registered agent name and address in the space provided in part (D) of the amendment.

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: 310A00003446

ALCEIVED
2010 FEB 18 AM 8: 00

## Articles of Amendment to Articles of Incorporation of

M J & SONS TILE	, INC		
(Name of Corporation as currently filed with	h the Florida Der	ot. of State)	
P0500002926	0		10
(Document Number of Corpora	ation (if known)		0
rsuant to the provisions of section 607.1006, Florida Statendment(s) to its Articles of Incorporation:	utes, this <i>Florida</i>	Profit Corporation add	
If amending name, enter the new name of the corporat	ion:		
M J UNLIMITED OF LAKE O	COUNTY, INC		The n
me must be distinguishable and contain the word "co breviation "Corp.," "Inc.," or Co.," or the designation " me must contain the word "chartered," "professional assoc	Corp." "Inc." or	"Co". A professional	ed" or i
Enter new principal office address, if applicable:	209 N LAKE	AVE	<del></del>
rincipal office address <u>MUST BE A STREET ADDRESS</u>	) <u>TAVARES,</u>	El 32778	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered office new registered agent and/or the new registered office and Name of New Registered Agent:		ida, enter the name of	the
New Registered Office Address: (Flo	rida street addres	<u>s)</u>	
		Florida	
(City	<i>'</i> )	(Zip Code)	
w Registered Agent's Signature, if changing Registered	Agent:		
ereby accept the appointment as registered agent - Lowton	wiliar with and ac	cept the obligations of th	ie positio
Signature of Ne	w Registered Agei	nt, 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)

Title .	<u>Name</u>	<u>Address</u>	Type of Action
•			□ Remove
			🔲 Add
			☐ Remove
			Remove
	nding or adding additional Article		
(anaen e	additional sheets, if necessary). (1	3e specific) 	
Total Control Control			
	-		
4-14-			
<b>W</b>		1112	
F. If an a	mendment provides for an excha	ige, reclassification, or cancell	ation of issued shares,
<u>provis</u>	ions for implementing the amendinot applicable, indicate N/A)	ment if not contained in the an	nendment itself:
(1)	ног аррасионе, таксие 1474)		
· 1			
			T
,_,			

The date of each amendmen	(s) adoption: 02/05/2010	
- Effective date <u>if applicable</u> :	02/05/2010 (date of ac	loption is required)
	(no more than 90 days after	amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders ere sufficient for approval.	s. The number of votes cast for the amendment(s)
The amendment(s) was/we must be separately provid	re approved by the shareholdeed for each voting group entitle	rs through voting groups. The following statement of to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was	s/were sufficient for approval
by	(voting group)	
		ectors without shareholder action and shareholder
action was not required.	,' ,	
The amendment(s) was/wation was not required.	re adopted by the incorporator	rs without shareholder action and shareholder
Dated 02/0	)5/2010	
Signature _	Dunde o	UIB
		officer – if directors or officers have not been n the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduci	
	BRE	NDA WILLIS
	(Typed or printe	d name of person signing)
		RESIDENT
	(Title of person sign	ning)