P05000071812

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer.	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2011

Holly Monahan
Executive Management Solutions
7751 Markham Bend Place
Sanford, FL 32771

SUBJECT: B.D.M. SERVICES INC. Ref. Number: P05000071812

We have received your document for B.D.M. SERVICES 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 document must have original signatures.

The amendment form that you submitted is incorrect. The second and third page are missing. I have enclosed a form that you may fill out and return to us. Russell will hold the reinstatement form until we receive the corrected name change form.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 511A00012036



COVER LETTER

TO: Amendment Section

Division of Corporations

B. D. Molcolm Services, INC P05000011812 NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Holly MONAHAN Executive Manage ment Solutions MARKHAM Bend PLACE Sampord 71 3277/ Monahan hokly @ Cfr-RR Com
address: (to be used for future annual report notification) For further information concerning this matter, please call: Hora of Contact Person at (407) 322-8292 Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

MR Russell Hurt.

Articles of Amendment to Articles of Incorporation of

FILED

13. D.m. Services Tuc. 2011 Jun 16 Ph 1:21
(Name of Corporation as currently filed with the Florida Dept. of State BECRETARY OF STATE
POSODO 71812 TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)
Discovery to the previous of acction 607 1006. Florida Statutae, this Florida Brafit Comparation adopts the follows
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followamendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
PD Mala Carling Li
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation mame must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Do to the transfer of the transfer of the
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida 3277/
Name of New Registered Agent: LAC. MGME ORALPONS
7751 Markton Berd FX.
New Registered Office Address: (Florida street address)
(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Jely / Konskow
Signardre 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add☐ Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
E. If amer	nding or adding additional Ai additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
provis	nmendment provides for an existence of implementing the aminot applicable, indicate N/A)	schange, reclassification, or cancellate in the ame	ion of issued shares, ndment itself:

The date of each amendment(s) adoption:			
	(date of adoption is required)		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.		
	e approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):		
"The number of votes of	east for the amendment(s) was/were sufficient for approval		
by	Baiar Malcolm		
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder		
Dated 6	110/11		
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	Le Sident		
	(Title of person signing)		