

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000126295 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

: (561)455-9865 Fax Number

COR AMND/RESTATE/CORRECT OR O/D RESIGN

M.C.S. JANITORIAL & PROPERTY MAINTENANCE, INC.

Sur.	AM 8: 00	OF STATE. E.FLORIDA
	W 21	TARY MASSEI

Electronic Filing Menu

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Corporate Filing Menu

wh 6 | 3 gad

H090001262953

Articles of Amendment to Articles of Incorporation of

M.C.S. JANITORIAL & PROPERTY MA (Name of Corporation as currently filed with the		_
P06000071613 (Document Number of Corporation		_
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corpora	tion adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	," or the designation "Corp," '	"Inc," or
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add Name of New Registered Agent:		nme of the
New Registered Office Address: (Florid	da street address)	
	(City) , Florida (Zip	a Code)
New Registered Agent's Signature, if changing Registered Ag	gent:	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the

Signature of New Registered Agent, if changing

H 096001262953

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
	·		☐ Add ☐ Remove
(attac	nending or adding additional Arthur hadditional sheets, if necessary). A Crooks has hereby resignate.	(Be specific)	
Pierre	M. Charles has hereby resig	ned as Director.	
	I Alcime has hereby resigne y J Henry has hereby resigne		
prov	n amendment provides for an exvisions for implementing the amage (if not applicable, indicate N/A)	change, reclassification, or cancellated and the ame	ion of issued shares, ndment itself:
•			

The date of each amendment(s) adoption: 5/18/2009 Effective date if applicable:				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(se sufficient for approval.			
	approved by the shareholders through voting groups. The following statemes for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval			
Ъу	voting group)			
ŕ	voting group)			
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated 5/18/2	009			
Signature	director, president or other officer – if directors or officers have not been			
select	ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)			
	Mark Profit			
	(Typed or printed name of person signing)			
	1/ic President			
,	(Hitle of person signing)			