

P070800057735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

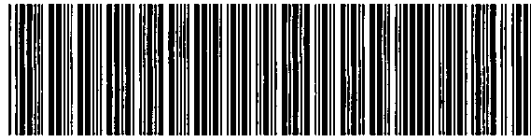
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09 SEP 23 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
C.COULLETTE

SEP 24 2009

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MDD ENTRPRISE PARTNERS CORPORATION

**DOCUMENT NUMBER:** P07000057735

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY CLARK

Name of Contact Person

MOORE & COMPANY, P.A.

Firm/ Company

355 ALHAMBRA CIRCLE, SUITE 1100

Address

CORAL GABLES, FL 33134

City/ State and Zip Code

KCLARK@MOORE-AND-CO.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY CLARK

Name of Contact Person

at ( 786 )

221-0600

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**MDD ENTRPRISE PARTNERS CORPORATION**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P07000057735**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new 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 name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

7997 MARKET STREET

YOUNGSTOWN, OH 44512

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

BOX 3847

YOUNGSTOWN, OH 44513

**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  
(City) (Zip Code)

**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 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DIR</u>	<u>OHLY, JANE</u>	<u>4309 AUTUMN RIDGE LANE</u> <u>SANDUSKY, OH 44870 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DIR</u>	<u>LYDEN, MARK</u>	<u>5565 AIRPORT HIGHWAY</u> <u>TOLEDO OH 43615 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>OHLY, JANE</u>	<u>4309 AUTUMN RIDGE LANE</u> <u>SANDUSKY, OH 44870 US</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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<u>TITLE</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>TYPE OF ACTION</u>
T	Lyden, Mark	5565 Airport Highway Toledo, OH 43615 US	REMOVE
P	Sweeney, Douglas	7997 Market Street Youngstown, OH 44512	ADD
T	Sweeney, Douglas	7997 Market Street Youngstown, OH 44512	ADD

The date of each amendment(s) adoption: September 16, 2009

Effective date if applicable: September 16, 2009  
(date of adoption is required)  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DOUGLAS SWEENEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)