## P01000083129

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DIVISION DE SCREDITATIONS

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MRGI	ENN.COM, INC.
DOCUMENT NUMBER: P07000	0083129
The enclosed Articles of Amendment and	d fee are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
4	GLENN W. CALCOTE
•	(Name of Contact Person)
	MRGLENN.COM, INC.
	(Firm/ Company)
	6783 LINWOOD DRIVE
	(Address)
	FONE HEIGHTS, FLORIDA 32656
For further information concerning this n	(City/ State and Zip Code) natter, please call:
GLENN CALCOTE	at ( <u>352</u> ) <u>473-4116</u>
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Statu	
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

MRGLENN.COM. J		
(Name of Corporation as currently filed with t	he Fiorida Dept. of State	<u>e</u> )
P0700008312	9	<b>r</b> i
(Document Number of Corporati		
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit C</i>	Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>1:</u>	
FLORIDA MUSIC SUPPLY, INC.		
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."	," or the designation "C	Torp," "Inc," or
B. Enter new principal office address, if applicable:	6783 LINWOOD DRIVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	KEYSTONE HEIGHTS	, FL 32656
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6783 LINWOOD DRIVE	······
	KEYSTONE HEIGHTS,	FL 32656
D. If amending the registered agent and/or registered office		r the name of the
new registered agent and/or the new registered office add	iress:	
Name of New Registered Agent:		-
New Registered Office Address: (Flori	da street address)	-
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.		the obligations of the
Signature of New	Registered Agent, if chan	ging

## 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>	Type of Action
			Add Remove
		Add Remove	
		Add Remove	
	nding or adding additional additional additional sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
<u>provi</u>	amendment provides for an sions for implementing the solution of the solution	exchange, reclassification, or cancell amendment if not contained in the an )	ation of issued shares, nendment itself:

The date of each amendment	t(s) adoption: <u>//-//-0</u> &	
Effective date <u>if applicable</u> :	As A P (no more than 90 days after a	mendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w		The number of votes cast for the amendment(s)
		s through voting groups. The following statement 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/we action was not required.	re adopted by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators	without shareholder action and shareholder
sele	a director, president or other o	fficer - if directors or officers have not been the hands of a receiver, trustee, or other court ry)
		•
		IN CALCOTE
	(Typed or printed	name of person signing)
	Р	RESIDENT
	(Title of per	rson signing)