## P08000081547

(Re	equestor's Name	)
(Ac	idress)	
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(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Matthew Price Inc			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Matthew Price Name of Contact Person	-		
Matthew Price Inc			
Firm/ Company	_		
2109 NE 5座PL	=1		
Ocala FL 34479	SECOLE ALLAH	15 도	
City/ State and Zip Code		S.	م بسیس خ
mpi 22110 @yahoo.com	.=	77	17
E-mail address: (to be used for future annual report notification)		料记出	****
For further information concerning this matter, please call:		<u>G</u>	
Mathew Price at (35a) 427-6/64  Name of Contact Person Area Code & Daytime Telephone Number	 er		
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee \$\ \text{Certificate of Status} \  \begin{array}{c ccccccccccccccccccccccccccccccccccc			
Mailing Address Amendment Section  Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the F	orida Dept. of State)
Nothber Price Inc.	F08000081547
(Document Number of Corporation (if	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  Matthew Price Services -	
name must he distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2109 NE 515+ Pl Ocala FL 34479
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2109 NE 5151P1 Ocola FL 34479
D. If amending the registered agent and/or registered office address:	
Name of New Registered Agent	
(Florida stre	pet address)
New Registered Office Address: (City)	, Florida, Co (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	
посод чесер те арронитет из гезмегей азет. Тит јатта ж	пп ана ассері те отіданоть ој те розіноп.
Signature of New Registered A	gent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:			
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name .	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			W-01000 1100 1
5) Change			
Add			
Remove			
6) Change			
<u>-</u>			
Add			
Remove			

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:		
Energy date is applicable.	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	ited by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	eted by the incorporators without shareholder action and shareholder	
Dated //	2015	g <b>5</b>
Signature	Wall Tru	E TI
(By a di	ector, president or other officer – if directors or officers have not been	and arreading to the second se
	by an incorporator – if in the hands of a receiver, trustee, or other court	ഗ
appoint	ad fiduciary by that fiduciary)	
	MATTHEW PRICE	ē Ţ
-	(Typed or printed name of person signing)  President	· <del>a</del>
•	(Title of person signing)	-