# P09000069951

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	cument Number) Certificates	
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HILLU 11 APR 29 AM 9: 30 SECRETARY OF STATE SECRETARY OF STATE

Amend NC Thewis 5-2-11

### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: MCON	Group, Inc	<u></u>
DOCUMENT NUMBER: POPOO	0069951	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Timothy Mel	of Contact Person)	
Mon Gray	rm/ Company)	<del></del>
1922 SW Bilton	nore Street (Address)	
Port St. Lucie, (City/S	Fla 34984 State and Zip Code)	
timme malbi E-mail address: (io be u	sed for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Timothy Melaffey (Name of Contact Person)	at ( <u>77)</u> <u>398 -</u> (Area Code & Daytim	ne Telephone Number)
Enclosed is a check for the following amount made	e 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	Street Address Amendment Section	•
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301



April 13, 2011

TIMOTHY MEHAFFEY MCON GROUP, INC. 1922 S.W. BILTMORE STREET PORT ST. LUCIE, FL 34984

SUBJECT: MCON GROUP, INC. Ref. Number: P09000069951

We have received your document for MCON GROUP, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 111A00009045



#### **Articles of Amendment**

to

#### Articles of Incorporation

FILED 11 APR 20 AV

		of		sa an 3:30
mcon G	mula.	Inc	- <u></u>	SECRETARY OF STATE TALLAHASSEE FLORIDA
(Name of Corporation	n as currently file	d with the Flo	rida Dept. of State)	- OCE LEOKINA
P09000		351		
(Docu	ment Number of C	orporation (if l	(nown)	<del></del>
Pursuant to the provisions of section		a Statutes, this	Florida Profit Corp	poration adopts the following

amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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>	Address	Type of Action
<u>vp</u>	Christopher Mehaffey	Port St. Luge, FI	☐ Add ☐ Remove
		34983	☐ Add ☐ Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, endeditional sheets, if necessary). (Be s		
<u>provisi</u>		reclassification, or cancellation of iss t if not contained in the amendment in	
***************************************			

The date of each amendment(s	) adoption: 4-/9-//
Effective date <u>if applicable</u> :	(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/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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
by	27
6	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_ 4 -	19-11 Im Mekk
(Ву а	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
- -	Timothy Mehaffer (Typed or printed name of person signing)
	Proceinted name or person signing)
	(Title of person signing)