

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CPR RISK MANAGEMENT, INC.

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Corporate Filing Menu

Help

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T. ROBERTS

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Articles of Amendment to Articles of Incorporation 12 HAR 15 AH 10: 22 SECRETARY OF STATE TALLAHASSEE FLORING

| | of | TALLAHASSEE FLORIDA |
|--|---|---|
| CPR Risk Management, Inc. | | " OSEE FEDRIDA |
| (Name of Corporation as currently | filed with the Florida Dept. of State) | |
| | | · |
| (Document Number of | of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation: | da Statutes, this Florida Profit Corporat | tion adopts the following amendment(s) to |
| A. If amending name, enter the new name of the c | corporation: | |
| MG & MVP Corp. | | The new |
| name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Cor, word "chartered," "professional association." or th | p," "Inc," or "Co". A professional co | corporated" or the abbreviation |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD | N/A | |
| (a rincipal office actures MOOI BE A DIMBEL AD | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>ox</u>) N/A | |
| | | |
| | | |
| | <u></u> | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | | e name of the |
| Name of New Registered Agent N/A | | |
| Mumb of them Vestiles en Washi | | |
| | (Florida street address) | <u> </u> |
| New Registered Office Address: N/A | * | 4_ |
| New Registerea Office Address: | (City) | orida(Zip Code) |
| | | |
| | | |
| <u>New Registered Apent's Signature, if changing Re</u> (hereby accept the appointment as registered agent. | | ations of the position. |
| | | |
| Signature of N | lew 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)

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 | <u>PT</u> | John Doe | |
|-------------------------------|-------------|-------------|---------|
| X Remove | <u>v</u> | Mike Jones | |
| _X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change Add Remove | | N/A | |
| 2) Change Add Remove | | | |
| 3)ChangeAddRemove | | | |
| 4) Change Add Remove | | | |
| 5) Change Add Remove | | | |
| 6) Change Add Remove | | | |

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|---------------------------------------|--|------------------|--|---|--|
| J/A | | | | | |
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| provision | ndment provides for an as for implementing the of applicable, indicate N/A | amendment if not | fication, or cancell: contained in the 2s | ntion of issued share nendment itself: | es. |
| | | | | | |
| I/A | | | -, , | | |
| I/A | | | | | |
| I/A | | | | | |
| I/A | | | | | |
| I/A | | | | | |
| I/A | | | | · · · · · · · · · · · · · · · · · · · | |

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| The date of each amendment(s) ac | loption: IVIAICH 12, 2012 |
|--|---|
| Effective date if applicable: N// | Α |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval. |
| | roved 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 | for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voling group) |
| action was not required. | pted by the board of directors without shareholder action and shareholder |
| | 14RC4 13, 2012 |
| | May V Pormula |
| (By a di | rector, president or other officer Af directors or officers have not been |
| selected appoint | i, by an incomporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) |
| | (Typed or printed ratio of person signing) |
| | (Typed or printed name of person signing) |
| | CEO |
| • | (Title of person slepping) |