## P10000021600

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## **COVER LETTER**

		<u>COVER LETTER</u>		
TO: Amendment Section Division of Corpo			*	
NAME OF CORPOR	ATION: Mystery Inc			
DOCUMENT NUMB				o m
	f Amendment and fee are su			5000 6 1111.38
Please return all corresp	oondence concerning this ma	tter to the following:		. 30
1	Michael A Lynch II			
-	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1	
1	Mystery Inc			
-		Firm/ Company		
	21439 Clubside Loop			
-		Address		
1	Lutz, Fl. 33549			
-	, , , , , , , , , , , , , , , , , , , ,	City/ State and Zip Code	e	
malpi3	98@aol.com			
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, please	se call:		
Michael Lynch		at (813	242-2600	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment on

		in the cool in the contraction
	,	to
		Articles of Incorporation
		of
Mystery Inc		
	(Name	of Corporation as currently filed wi
P10000021600		

SOC SALLS ith the Florida Dept. of State)

P10000021600			Tools.
	(Document Number	of Corporation (if known)	· #
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendme
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the contract of t	nation "Corp," "Inc," or	"Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		21439 Clubside Loop	
		Lutz, Fl. 33549	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21439 Clubside Loop	
		Lutz, Fl. 33549	
D. If amending the registered agent an new registered agent and/or the ne			ame of the
Name of New Registered Agent	Michael A. Lynch II		
The state of the s	21439 Clubside Loop	" ,-	
	(Florida	street address)	···
New Registered Office Address:	Lutz		33549 , Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if a lareby accept the appointment as regis			ions of the position.
	Signature of Nev	v Registered Agent, if changin	g

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>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		Address
1) Change				
Add				
Remove				
2) Change				<del></del>
Add				
Remove				
3) Change			·	
Add				
Remove				
4) Change		<u> </u>		
Add				
Remove				
5) Change	<del></del>	<u> </u>		
Add				
Remove				
6) Change				
Add				
				<del>- w</del>
Remove				

. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)			
· · · · · · · · · · · · · · · · · · ·			
	<del></del>		
If ar	n amendment provides for an exchange, reclassification, or cancellation of issued shares,		
pro	visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		

A Comment of the Comm	October 7, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
octo	ober 7, 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	5 N. h. 1 G Yn. II	
Signature(By a of	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	
appoir	nted fiduciary by that fiduciary)	
	Michael A Lynch II	
	(Typed or printed name of person signing)	<del></del>
	President/Owner	
	(Title of person signing)	