P100000 47996

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MAY 1 7 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section

Division	of Corpora	tions					
NAME OF C	ORPORA	TION: MR.KOOL-	MAN, IN	С			
DOCUMENT	NUMBE	R: P1000004799	6				
		Amendment and fee are su		ng.			
Please return a	ill correspo	ndence concerning this ma	tter to the follo	wing:			
MALVIN CAQUIAS							
			Name of C	ontact Persor	1		
	N	1R.KOOL-MAN,	INC				
			Firm/ (Company			
	5	925 IMPERIAL I	PARKW	4Y			
	_		Ad	dress ^			
	N	IULBERRY, FL	33860				
			City/ State	and Zip Cod	e		
	MR	KOOL MAN@Y	AHOO C	OM	,		
		E-mail address: (to be us			notification)		
For further inf	ormation c	oncerning this matter, pleas	se call:				
MALVIN	I CAQI	JIAS	at i	813	, 601-0155		
-	Name of	Contact Person	u.	Area Co	de & Daytime Telephone Number	_	
Enclosed is a	check for the	ne following amount made	payable to the	Florida Depa	artment of State:		
■ \$35 Filing	g Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
		g Address			Address		
		nendment Section vision of Corporations		Amendment Section Division of Corporations			
· • • •	P.O. B	ox 6327		Clifton Building			
Tallahas		shassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to **Articles of Incorporation** of



MR.KOOL-MAN, INC •

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P10000047996	
(Document Number of Corporation (i	f known)
tursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following ame
. If amending name, enter the new name of the corporation:	
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " ord "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contai
B. Enter new principal office address, if applicable:	5925 IMPERIAL PARKWAY
Principal office address <u>MUST BE A STREET ADDRESS</u>)	MULBERRY, FL 33860
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
If amending the registered agent and/or registered office addingues registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>
hereby accept the appointment as registered agent. I am familiar	

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)

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 <math>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> <u>Jo</u>	<u>ohn Doe</u>	
X Remove	<u>v</u> <u>n</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>v</u>	Malvin Caquias	5925 IMPERIAL PARKWAY Mulberry, FL 33860
2) Change Add Remove	 		
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)	
	,	
, , , , , , , , , , , , , , , , , , , ,		
n amendment provides for an exch ovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself:	
(if not applicable, indicate N/A)		
	,	

The date of each amendmen	t(s) adoption: <u>05/08/2012</u>
Effective date <u>if applicable</u> :	05/08/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 05/	08/2012
Signature V	Maln Cogning
S	By a director, president or other officer if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	Malvin Caquias
	(Typed or printed name of person signing)
	VP
	(Title of person signing)