

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000020293 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 : (305)444-4994 Phone

: (305)444-4977 Fax Number

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleasé

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MNJ PROFESSIONAL INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment

	to	,	T ILI	L U <sub>e</sub>
	Articles of Incorporation of	ne -	15 (8N OC	<b></b>
MNJ PROFESSIONA			15 JAN 26	
(Name of Corporation as	currently filed with the Florida Dept. of	State) (A)	Elice fait y LAHASSEE	OF STATE
P10000089696		Ditt.	.c-~11/133EE	FLORIDA
(Document	t Number of Corporation (if known)	4,50	, 3,	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit C	orporation ac	dopts the follow	ving amendment(s) to
A. If amending name, enter the new name MNJ CASE MANAGE	me of the corporation: EMENT SERVICES, IN	VC.		The new
name must be distinguishable and conti "Corp.," "Inc.," or Co.," or the designoword "chartered," "professional associat	ain the word "corporation," "company," ation "Corp," "Inc," or "Co". A professi ion," or the abbreviation "P.A."	or "Incorpo ional corpora	orated" or the ution name mu	abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST			· · · · · · · · · · · · · · · · · · ·	<del></del>
C. Enter new malling address, if applic (Mailing address MAY BE A POST O				
D. If amending the registered agent and new registered agent and/or the new	l/or registered office address in Florida, e registered office address:	enter the nam	ne of the	_
Name of New Registered Agent				
-	(Florida street address)			
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	anging Registered Agent: red agent. I am familiar with and accept th	he obligations	s of the position	<b>1</b> .

Page 1 of 4

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 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.

X Change	PI	<u>Iohn Doe</u>	
X Remove	<u>y</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 Add			
Remove			•
5) Change			
Add			
Remove			
6) Change		<u></u>	
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			······································
•			
	n -		
		<del></del>	
	<u> </u>		
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification ndment if not contain	a, or cancellation of i	ssued shares, it itself:
(if not applicable, indicate N/A)			
		<u>,</u>	

The date of each amendment(s) adoption	n: 1/26/2015	, if other than the
date this document was signed.		
Effective date if applicable:		. <del></del>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
The amendment(s) was/were adopted to action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 1/26/2015 Signature	Deo.	
(By a director selected, by	r, president or other officer – if directors or officers have not been an accorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	···
MEI	LEEN MARRERO	
	(Typed or printed name of person signing)	<del></del>
PRE	SIDENT-DIRECTOR	
<del></del>	(Title of person signing)	<del>~~</del>