

P11000009705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

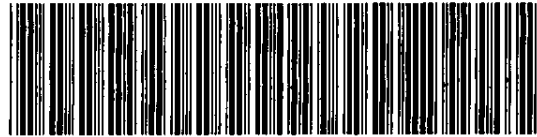
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05/05/11--01007--008 **43.75

FILED

2011 MAY -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TBrown 5-5-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MDH PAINTING OF JAX INC

DOCUMENT NUMBER: P11000009705

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael D. Ham

Name of Contact Person

MDH PAINTING OF JAX INC

Firm/ Company

10755 GLADWYNNE Rd

Address

JACKSONVILLE, FL 32218

City/ State and Zip Code

MDH PAINTING @ COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D. Ham

Name of Contact Person

at (904) 237-1997

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

11 APR 26 AM 10:49

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2011

MICHAEL D HAM
MDH PAINTING OF JAX, INC.
10755 GLADWYNNE RD
JACKSONVILLE, FL 32218

SUBJECT: MDH PAINTING OF JAX, INC.
Ref. Number: P11000009705

We have received your document for MDH PAINTING OF JAX, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 111A00010243

FILING CANCELLED
RETURNED CHECK

Articles of Amendment
to
Articles of Incorporation
of

MDH PAINTING OF JAX, INC.

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

P11000009705

(Document Number of Corporation (if known))

FILED
2011 MAY -4 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new 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 **MUST BE A STREET ADDRESS**)

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>	<u>Address</u>	<u>Type of Action</u>
SM (Stock Manager)	Anthony Phillips	10755 GLADWYNNE Rd JAX, FL 32218	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Reclassify issued Shares as (Issued by the corporation)

(P) Michael D Ham 80% of total Shares of stocks

(VP) TERRY L Peavey 10% of total Shares of stocks

(SM) Anthony Phillips 10% of total Shares of stocks

The date of each amendment(s) adoption: 4-11-11
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated _____

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael D. Ham

(Typed or printed name of person signing)

President

(Title of person signing)