8:3:/2017



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.

(((H17000235792 3)))



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

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LOLA HOLDINGS CORPORATION

Account Number : I20090000034 Phone : (954)782-3610 Fax Number : (954)366-3239

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 MPL SERVICES CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

∴ Help.∃ i

SEP 01 2017

(((H17000235792 3)))

Articles of Amendment to Articles of Incorporation of

MPL SERVICES CORP.			
(Name of C	Corporation as currently filed with the Florida Dept. o	f State)	
P11000089900			
	(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this Florida Profit Corporation adop	ots the following amer	ndment(s) t
A. If amending name, enter the new name	of the corporation:		
MPL CONSTRUCTION CORP.		The	Barret.
(Principal office address MUST BE A STR.			
	·	-	
			
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF)			
(
			
D. If amounting the registered agent and/o	r registered office address in Florida, enter the name	af tha	
new registered agent and/or the new re		or the	
Name of New Registered Agent			
Name of New Registered Agent			
<u></u>	(Florida street address)		
.· •	10 norma straet additessy		
New Registered Office Address:	, Fl	Florida(Zip Code)	
·	(Croy)	(Zip Coae)	
New Registered Agent's Signature, if chan	ging Registered Agent:		
I hereby accept the appointment as registered	d agent. I am familiar with and accept the obligations of	f the position.	
		ALS A	
	Simple of N. D. Market J. C. L.	—————————————————————————————————————	
s.	Signature of New Registered Agent, if changing	ALIA SERVICE NAME OF THE PARTY	
W.E		oosia w mes —	, T
		\mathbb{C}^{2}	TILE.
		Fig. A	5
	Page 1 of 4	ORIGINATE S	
	•	C.JETT VI	

(((H17000235792 3)))

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	<u>PT</u>	John D	ос	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
_ <u>X</u> Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	PRISCILLA MARKENZON	8923 HEARTSONG TER
XAdd				BOYNTON BEACH, FL
Remove			•	33473
2) Change				
Add				
Remove				
3) Change		_		
Add				 -
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
δ) Change				
Add	***************************************			
Remove				

(((H17000335792 3)))

If amending or add (Attach additional sh	ling additional Artic heets, if necessary).	(Be specific)	an nere:			
÷.						
				· · · · · · · · · · · · · · · · · · ·		
				•		
			_ .			
·						
	·					
		·			e	
· · · · · · · · · · · · · · · · · · ·					-	
•						
			•			
					<u>.</u>	
						
					-	
provisions for imp	rovides for an excha- plementing the amen	ange, reciassines Idment if not con	tion, or canceitat tained in the ame	ion of issued snare: indment itself:	2	
(if not applicat	hle, indicate N/A)					
						-
· .						
					·	
· · · · · · · · · · · · · · · · · · ·						
					<u> </u>	
	•	<u> </u>	·			

(((H17000235792 3)))

The date of each amendment(s)	adoption:	_, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
·	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	÷
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	<i>:</i>
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
1886	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	idopted by the incorporators without shareholder action and shareholder	
8/31/201 Dated	7	
	John Golney	
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court winted fiduciary by that fiduciary)	- : :
	MICHAEL CHAGAS	
	(Typed or printed name of person signing)	<u> </u>
•	PRESIDENT	
	(Title of passen significa)	