## P12000011987

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: MMS ASSO	CIATES GROUP, I	NC.	
DOCUMENT NUMBER	P 120000	11987		
The enclosed Articles of A	mendment and fee are sul	bmitted for filing.		
Please return all correspon	dence concerning this mat	tter to the following:		
	VICTOR M. VE	RDI		
•	VERDI ASSOCIA	Name of Contact Perso ATES GROUP, INC		
	312 E. VENIC	Firm/Company E AVENUE, SUITE	203	
	VENICE, FLOR	Address IDA 34285		
	vmverdi@comca	City/ State and Zip Cod ast.net	le	
<del> </del>	E-mail address: (to be us	ed for future annual report	notification)	
For further information cor	ncerning this matter, pleas	e call:		
VICTOR	M. VERDI	at (	829-8397	
Name of Co	ontact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the	following amount made p	payable to the Florida Dep	artment of State:	
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendn Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## **Articles of Amendment Articles of Incorporation**

(Name of Cornoration as currently filed with the	Florida Dept. of State	)	Z4 PH	-41
P 12000011987				<del>-</del>
(Document Number of Corporation	(if known)			
rsuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is <i>Florida Profit Corpo</i>	ration adopt	ts the following	ng amendm
If amending name, enter the new name of the corporation:				
MARY C. SHAW PA				The new
ome must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional	"incorporat corporation	ed" or the a n name must	ibbreviatio contain th
Enter new principal office address, if applicable:	189 TI	-		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	NORTH	VENICE	, FL 342	275
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<del>-</del>
				_
. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ldress in Florida, enter	the name (	of the	-
. If amending the registered agent and/or registered office ad	ldress in Florida, enter 285:	the name (	of the	-
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	ldress in Florida, enter	the name (	of the	-
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address Name of New Registered Agent	street address)	the name of	of the	-

Signature of New Registered Agent, if changing

PLEASE NOTE THIS PA DEALS WITH VARIOUS REAL ESTATE SERVICES.

## 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 Do	<u>e</u>	
X Remove	Y	Mike Jo	<u>pes</u>	
X Add	<u>\$V</u>	Sally Sn	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	<del></del>	_		
Add				
Remove				
2) Change	<del></del>	<del></del>		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<del> </del>	<del></del>		
Add				
Remove				
6) Change				•
Add		<b></b> -		
Remove				

Attach additional sheets, if necessary).	cks, enter change(s) here: (Be specific)
<u>, , , , , , , , , , , , , , , , , , , </u>	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

The date of each amendment(s) adoption:	SEPTEMBER	19,	2012
Effective date if applicable:	SEPTEMBER		
	(no more than 90 da	ys after	r amendment file date)
Adoption of Amendment(8) (CHI	ECK ONE)		
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		nber of	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting t			
"The number of votes cast for the amend	iment(s) was/were su	fficient	for approval
by			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voti	ng group)		
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors with	out sha	areholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	ncorporators without	shareho	older action and shareholder
Dated 9/19/16	<u>کــــــ</u>		
Signature W M G	in CS	h	
· •	porator - if in the har		ctors or officers have not been receiver, trustee, or other court
ήν	IARÝ-C. SHAW		
	yped or printed nam	e of per	son signing)
F	PRESIDENT		
	(Title of person sign	ning)	<del></del>