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PIZOOO	964321
(Requestor's Name) (Address) (Address)	000250074280
(City/State/Zip/Phone #)	07/29/1301019022 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 13 JUL 29 AM ID: 28 SECRETARY OF STATE TALLAHASSEE, FLORID
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C. LEVAIS AUG - 1 2013 EXAMINER

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TO: Amendment Sect Division of Corpo				
NAME OF CORPO	RATION: MRI, INC)		
DOCUMENT NUM	BER: P120000	64321	,,	
The enclosed Articles	of Amendment and fee are :	submitted for filing.		
Please return all corres	spondence concerning this #	natter to the followin	ng:	
	DOM	ENIC H. CA		
Name of Contact Person				
	PROFESSIO			ERVICE
,	1520 Bot	Firm/Cor	DR NE	
	<u> </u>	Addre		•
	PAL	M BAY, FL		
		City/ State and	ł Zip Code	
	E-mail address: (to be	used for future atm	ual report notificat	tion)
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For further informatio	n concerning this matter, ple	ease call:		
		at ()	
Name	of Conlact Person		Area Code & Da	ytime Telephone Number
Enclosed is a check for	or the following amount mad	e payable to the Flo	orida Department o	of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Critified Co (Additional c cnclosed)	py Cer opy is Cer (Ad	.50 Filing Fee tificate of Status tified Copy ditional Copy mclosed)
Am Div P.O	iling Address endment Section ision of Corporations Box 6327 lahassec, FL 32314		<u>Street Address</u> Amendment Se Division of Col Clifton Buildin 2661 Executive Tallahassec, FL	ction porations g p Center Circle

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	: • •					
			Articles of Amendment to Articles of Incorporation	FILED)	
			of	13 JUL 29 AM I	0:28	
	(Name of	Corneration as curre	MRI, INC. ntly filed with the Florida Dept. of Stat	SECRETARY OF S	STATE	
	(P12000064321	TALLAHASSEE. FL	DRIDA	
		(Document Num	ber of Corporation (if known)			
s Articles o	f Incorporati		Florida Statutes, this Florida Profit Corp.	oration adopts the following	g amendment	t(s) t
- <u>11 amenç</u>	ing name, c	ater the new hame of	the corporation.		The new	
Corp.," "h ord "chari	nc.," or Co ered," "prof	" or the designation	e word "corporation," "company," or "Corp," "Inc," or "Co". A profession or the abbreviation "P.A."	"incorporated" or the al	bbreviation contain the	
Priπcipal oj	fice address	MUST BE A STREE	TADDRESS)			
					-	
		address, if applicable: <u>4Y BE A POST OFFIC</u>			-	
(Mailing	aðdress <u>M</u> 2	<u>AY BE A POST OFFIC</u>		er the name of the	-	
(Mailing). <u>If amen</u> d	address <u>MA</u>	<u>AY BE A POST OFFIC</u>	egistered office address in Florida, ente	er the name of the	-	
(Mailing). <u>If ameno</u> <u>new reg</u>	address MA	<u>AY BE A POST OFFIC</u> istered agent and/or r it and/or the new regis	egistered office address in Florida, ente		-	
(Mailing). <u>If ameno</u> new reg	address MA	<u>AY BE A POST OFFIC</u> istered agent and/or r it and/or the new regis	egistered office address in Florida, ente stered office address:		-	
(Mailing). <u>If amena</u> <u>new reg</u> <u>No</u>	ding the reg latered agen me of New Ra	<u>AY BE A POST OFFIC</u> istered agent and/or r it and/or the new regis	<u>egistered office address in Florida, ente</u>		-	
(Mailing). <u>If ameno</u> <u>new reg</u> <u>Na</u>	ding the reg ding the reg distered agen me of New Ra v Registered	<u>AY BE A POST OFFIC</u> istered agent and/or r istand/or the new registered Agent	egistered office address in Florida, ente stered office address: (Florida street address) (City)	, Florida	-	

Signature of New Registered Agent, if changing

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Example:

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 - ChiefExecutive 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.

<u>X</u> Change	<u>PT</u>	<u>John Doc</u>	
X Remove	Σ	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	PRES	MOHAMMED ELKHALDI	7825 EILIS Rd. W. MELBOURNE FL 32904
 2) Change Add Remove 			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add		<u> </u>	
Remove			

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E. <u>If amending or adding additional Articles, enter change(s) here</u>: (Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation olissued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

07/24/2013 10:43 3219513	1008 PROF ACTG	PAGE 06/06
• • •		
The date of each amcadment(s) ado date this document was signed.	ption:JULY 24, 2013	FILED if other than the 13 JUL 29 AM 10: 28
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	SECRETARY OF STATE Ne dote) TALLAHASSEE. FLORIDA
		TALCARASSEE, FLORIDA
Adaption of Amendment(s)	(<u>CHECK ONE</u>)	
The amondment(s) was/were adopt by the shareholders was/were sufficient	ted by the shareholders. The number of votes cast for icient for approval.	the amendment(s)
	nved by the shareholders through voting groups. The just of voting group entitled to vote separately on the am	
	r the amendment(s) was/were sufficient for approval	
by	(voting group)	1
The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder actic	n and sharcholder
The amendment(s) was/were adop action was not required.	ted by the incorporators without sharcholder action an	d sharcholder
	Y 24, 2013	
selected,	by an incorporator – if in the hands of a receiver, trus d fiduciary by that fiduciary)	
	SUNETTE ELKHALDI	
-	(Typed or printed name of person sig	ning)
_	DIRECTOR	
	(Title of person signing)	

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