P13000043668

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Mike Cross	s, Inc.				
DOCUMENT NUMB	ER:P13000043	3668				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:				
	Michael Cross					
		Name of Contact Person	1			
	Mike Cross, Inc.					
-		Firm/ Company				
	691 SW 30th Terrace					
•	Address					
	Fort Lauderdale, FL 33312					
-		City/ State and Zip Code	•			
	mike.cross68@yal	hoo.com				
-5/	E-mail address: (to be us	sed for future annual report	notification)			
For further information concerning this matter, please call:						
David J. Fasano, CPA 954 581-8112, Ext. 42						
Name o	f Contact Person	Area Co	de & 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			Address			
Amendment Section		Amendment Section				
Division of Corporations Division of Corporations						
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					
T GITG	1100366, FL JLJ14	2001 E	VECAUTAE CETICL CITALE			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mike Cross Inc.					
(Name of Corporation as currently	y filed with the Florida Dept	, of State)	_		
P13000043668					
(Document Number	of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	_		
Pursuant to the provisions of section 607.1006. Florits Articles of Incorporation:	rida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the follow	ing amend	lment(s	s) to
A. If amending name, enter the new name of the	e corporation:				
			The i		
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc," or "Co". A pro				
B. Enter new principal office address, if applica					
(Principal office address MUST BE A STREET A	(DDRESS)			ಪ	
	**************************************			S	
				€.	F
C. Enter new mailing address, if applicable:			12.00	9-	
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)			722	
			21473	=	ب
				Ç	
				<u>S</u>	
D. If amending the registered agent and/or regis	stered office address in Flori	da, enter the name of the			
new registered agent and/or the new register	ed office address:				
Name of New Registered Agent					
· · · · · · · · · · · · · · · · · · ·	(Florida street address)				
New Registered Office Address:		, Florida			
	(Ciţv)	(Zip Code)			
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agent	Registered Agent: at. I am familian with and acc	ent the obligations of the novition			
warmer was speciment on register on ugen	am janoisat 11 titi utti UCC	epi ine dongimons oj ine position	•		
Character and a factor of the control of the contro	(Non Donaton January				
Signature of	New Registered Agent, if chai	nging			

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 = Charman 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Rachel Cross	691 SW 30th Terrace
× Add			Fort Lauderdale, FL 33312
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add		······································	
Remove			

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)	
		
		
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 		 -
		
n amendment provides for an excl	ange, reclassification, or cancellation of issued shares,	
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(ij noi appacaole, maicale MA)		
		,
		
· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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)	
(voling 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	
Dated	word to
(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 Cross	
(Typed or printed name of person signing)	
President	
(Title of person signing)	