## 98410100019

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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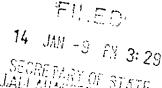
## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORFORATION:	CUSTOM FABF	RICATION		
DOCUMENT NUMBER: P13000101489	9			
The enclosed Articles of Amendment and fee are sub-	omitted for filing.			
Please return all correspondence concerning this matter	ter to the following:			
Michael D. Totten				
	Name of Contact Person			
MP Industries, Ind				
	Firm/ Company			
19455 Gulf Blvd.	Suite 4			
	Address			
Indian Shores, FL	. 33785			
	City/ State and Zip Code	3		
	·			
Sales@MPIndustries				
E-mail address: (to be use	ed for future annual report	notification)		
For firsther information are coming this matter when	N.			
For further information concerning this matter, please	e can:			
Michael D. Totten	<sub>at (</sub> 765	357-8263 de & Daytime Telephone Number		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made p	ayable to the Florida Depa	ertment of State:		
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fce & 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

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



ment(s) to

(Documen	t Number of Corporation	(if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Coi	poration adopts the following	amendr
A. If amending name, enter the new na	me of the corporation:			
Fabrication Authorities In	ternational, Inc.		7	The ne
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered." "professional associal	ation "Corp," "Inc," or	"Co". A professio		
B. Enter new principal office address, (Principal office address MUST BE A ST		NA		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		19455 G	ulf Blvd. Suite 4	
		Indian Sh	ores, FL	
		33785		
D. If amending the registered agent an			ter the name of the	
new registered agent and/or the new	MP Industries,			
Name of New Registered Agent			<del></del>	
	19455 Gulf Blv			
		street address)		
New Registered Office Address:	Indian Shores		, Florida 33785	
	(Cii	(v)	(Zip Code)	
	,	• •	, <u>_</u> ,,	
New Registered Agent's Signature, if cl	nanging Registered Age	nt·		
I hereby accept the appointment as registe			e obligations of the position.	
Mion	all Tath	1		
Sis	gnature of New Registered	d Agent, if changing		

Page 1 of 4

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.

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change Add Remove	<u>РТ</u>	HATIL, ARTUN	415 HAVEN POINT DR. TREASURE ISLAND, FL 33706
2) Change Add Remove	vs	MP Industries, Inc.	19455 Gulf Blvd. Suite 4 Indian Shores, FL 33785
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		<u> </u>	
6) Change Add Remove	<del></del>		

E. It amending or additional Articles, enter change(s) here: ( attach additional sheets, if necessary). (Be specific)
A Corp meeting was held to which it was voted on and agreed to; To bring on MP Industries, Inc. on as
the new registered agent and bring MPI on as a formal partner in the company. Moving forward,
MP Industries, Inc. will hold the position of Vice President and Secretary of Fabrication Authorities International, Inc.
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)
NA

The date of each amendment(s) a	doption: 03 Jan 2014
Effective date <u>if applicable</u> :	3 Jan 2014
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 03 Jai	າ 2014
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	HATIL, ARTUN
	(Typed or printed name of person signing)
	President
	(Title of person signing)