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(((H16000208804 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN MGM INSTALATION, CORP.

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Corporate Filing Menu

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COVER LETTER

Division of Corpor	ations		
NAME OF CORPORA	ATION: MGM INSTALAT	ION, CORP.	
DOCUMENT NUMBE	P15000010119		
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	tter to the following:	
A	NIBAL QUINTAO		
_	<u> </u>	Name of Contact Person	1
E	EXPRESS ACCOUNTING I	NCOME TAX SERVICE (CORP
-		Firm/ Company	
3	927 N FEDERAL HWY		
_		Address	
<u>F</u>	OMPANO BEACH, 33064		·
	•	City/ State and Zip Code	e
anibalo	uintao@hotmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
	,		
For further information	concerning this matter, pleas	se call:	
ANIBAL QUINTAO		at (788-7400
Name of	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

MGM INSTALATION, CORP.		
(Name of Corporation as curren	tly filed with the Florida Dept. of State	2)
P15000010119		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the t	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	r the abbreviation
B. Enter new principal office address, if applicable:	1638 SW BILTMORE ST.	
(Principal office address MUST BE A STREET ADDRESS)	PT SAINT LUCIE, FL 34984	Table 2
		S
C 71.4	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1888 -9 F
		70 E C
		त्य ह
		
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		Titte
Name of New Registered Agent		
<u> </u>		
(Florida s	treet address)	
New Registered Office Address:	. Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: with and accept the obligations of the po	sition.
Signature of New	Registered Agent, if changing	

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	PT Joh	n Doc	
X Remove	V Mik	ce Jones	
X Add	<u>SV</u> Sall	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>vp</u>	MATHEUS L RODRIGUES	1638 SW BILTMORE ST.
X Add			PT SAINT LUCIE, FL 34984
Remove			
2) Change	<u>T</u>	EVANDRO F DE SOUZA	1638 SW BILTMORE ST.
X Add			PT SAINT LUCIE, FL 34984
Remove			
3) Change			
Add			
Remove			
4) Change	****		
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change	***		
Add		• .	
Remove			

	ticles, enter change(s) here: (Be specific)
<u>.</u>	•
<u>If an amendment provides for an excl</u>	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	enument if not contained in the amendment usen:
provisions for implementing the amo	enument if not contained in the amendment usen:
provisions for implementing the amo	enument is not contained in the amendment usen:
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provisions for implementing the amo	enument it not contained in the amendment usen:

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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)
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ry filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting a must be separately provided for each voting group entitled to vote separate.	
"The number of votes cast for the amendment(s) was/were sufficient in	for approval
by(voting group)	; ,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	reholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	lder action and shareholder
Dated 08/20/16	
Signature	
(By a director, president or other officer - if direc	
selected, by an incorporator - if in the hands of a appointed fiduciary by that fiduciary)	receiver, irustee, or other court
gerlindo do 4	American
(Typed or printed name of pers	son signing)
teasiden	<u> </u>
(Title of person sig	gning)