P14000038716

(Requ	uestor's Name)	
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(City/	State/Zip/Phone	e #)
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Amend Mame
Jun 20 2016

I ALBRITTON



COVER LETTER

TO: Amendment Section Division of Corporations

	AATION: T.A.B. Works, Inc.	•	
DOCUMENT NUME	BER: P16000038716		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Timothy A Brown		
		Name of Contact Person	on
		Firm/ Company	
	200 South Birch Road, Unit	906	
		Address	
	Fort Lauderdale, FL 33316		
•		City/ State and Zip Co	de
tabrov	vn5000@yahoo.com		
	E-mail address: (to be us	sed for future annual repor	rt notification)
For further information	concerning this matter, pleas	se call:	
Timothy A Brown		at (243-5412
Name o	Name of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	partment 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			t Address
	ndment Section	Amendment Section	
Division of Corporations			ion of Corporations
P.O. Box 6327 Tallahassee, FL 32314			n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

T.A.B. Works, Inc.			De Co. Ug
	of Corporation as current	ly filed with the Florida Dept	of State
P16000038716			1967.A. 19
	(Document Number of	of Corporation (if known)	10 C)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following amendin
A. If amending name, enter the new na	ame of the corporation:		
Mr. Incognito, Inc.			The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora "P.A."	rated" or the abbreviation tion name must contain th
B. Enter new principal office address,	if applicable:	200 South Birch Road, Uni	t 906
(Principal office address <u>MUST BE A S</u>		Fort Lauderdale, FL 33316	5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 South Birch Road, Unit 906 Fort Lauderdale, FL 33316	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent			e of the
	200 South Birch Road, U	nit 906	
		reet address)	
New Registered Office Address:	Fort Lauderdale	, cor and con	Florida 33316
New Registered Office Address.		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position.
	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 <math>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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) X Change	PST		Timothy A Brown	200 South Birch Road, Unit 906
Add				Fort Lauderdale, FL 33316
Remove				<u> </u>
2) Change		_		
Add				
Remove				
3) Change				· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
4) Change	.,			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				_,
Damaua				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
f an amendment provides for an eych	nange, reclassification, or cancellation of issued shares,
ii an amenament provides for an exen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Administration of the state of
(if not applicable, indicate N/A)	ACTION A HOL CONTRIBUTE IN CHIEF WANGINGTON, AUGUST
(if not applicable, indicate N/A)	

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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
Dated	
Signature (By a director president or other officer – if directors or officers have no selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
Timothy A Brown	
(Typed or printed name of person signing)	
President	

(Title of person signing)