## P16000060548





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DEC 58 JUL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Mold Inspect tech incorperated &
DOCUMENT NUMBER: <u>P16000060548</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GIYOSSETT A. TAYIOR JR.  Name of Contact Person
Mold inspect tech incorperated
1876 N. UNIVERSITY Drive #308A  Address
Plantation Florida, 33322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STYDSSE++ A-TOYIUR JR at (954) 471-788  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:	
Mold inspect tech incur	porated The new
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	· "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1870 N UNIVERSITY Drive Suite #308 A
	Plantation FL 33322
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1876 NUNIVERSITY Drive Suite # 308 A
	Plantation FL 33322
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent 9110556++	A · Taylor JR
1876 N UNI	VEYSITY DR SUITE 308A street address)
New Registered Office Address: Plantatio	,
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<del></del>	<u>—</u>		
Add				
Remove				

If amendir (Attach ada	ng or adding additional Art litional sheets, if necessary).	icles, enter char (Be specific)	ige(s) here:			
					•	
		<del></del>				
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						<u>.                                    </u>
provision	ndment provides for an exc as for implementing the amo	hange, reclassifi endment if not c	ication, or can	cellation of issu e amendment i	ed shares, iself:	
(if no	ot applicable, indicate N/A)					
					· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: DPCCMDEY 10th, 2019, if other th	nan the
date this document was signed.	
Effective date if applicable: DECEMBER 10th, 2016	
(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, this date will not be listed document's effective date on the Department of State's records.	as the
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)	
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.	
Signature  (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)	
Girossett A taylor Jr.	
(Typed or printed name of person signing)	
Vice president	
(Title of person signing)	