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2018 JUL 30 AM 11: 2 SECRETARY OF STAT

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COVER LETTER

TO: Amendment Section

Division of Corpor	rations				
NAME OF CORPOR	ation: <u>The 1</u> er: <u>P16000</u>	Mason Firm	P.A.		
DOCUMENT NUMB	er: <u>716000</u>	063641			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
_	Ch	ad Mason Name of Contact Person	<u> </u>		
The Mason Firm, P.A. Firm/Company 633 SF 35d Ave, Suite 4F Address					
_	633	SE 35d Ave	-, Suite 4F		
-	Fort Landerdale, FC 33301 City/ State and Zip Code				
	E-mail address: (to be us	chad 1@916 sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Feleke	Kassegn	at (_561	de & Daytime Telephone Number		
Name of	*Contact Person /	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)		
	ng Address		Address		
	dment Section ion of Corporations		Iment Section		
	on of Corporations 30x 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

The Mason Firm, P.A. 2018 JUL 30 AM 11:21

(Name of Corporation as currently filed with the Florida Dept. of State USE TARY OF STATE TALLAHASSEE, FL 916000063641

int(s) to

(Docum	nent Number of Corp	oration (if know	n)	
Pursuant to the provisions of section 607,1006, Florida is Articles of Incorporation:	a Statutes, this <i>Florid</i>	la Profit Corpor	ation adopts the fo	ollowing amend
a. If amending name, enter the new name of the co	orporation:			
MK Law ame must be distinguishable and contain the worl Corp.," "Inc.," or Co.," or the designation "Corp. cord "chartered," "professional association," or the	o," "Inc." or "Co".	A professional	incorporated" or corporation name	tne= i. the abbreviat must contain
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADL</u>			N/A	
Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>		N/A	
). If amending the registered agent and/or register new registered agent and/or the new registered		Florida, enter	the name of the	_
	office address.	11/1		
Name of New Registered Agent		/V / //	· · · · · · · · · · · · · · · · · · ·	
				
	(Florida street ade	tress)		
New Registered Office Address:	(City)		, Florida	(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.		nd accept the ob	ligations of the por	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.

	ove, and Sal	lly Smith, SV as an Add.	
Example: 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>	<u>Name</u>	<u>Addres</u> s
1) X Change	CFO	Chad S Mason	633 SE 3rd Ave Suite 4F
Add			Suite 4F
Remove			Fort Landerdole, FL 3338
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding additional sheets, if nece N/A	ssary). (Be speci	ific)			
						
					· · · · · · · · · · · · · · · · · · ·	
				····		
_	<u>.</u>					
provisions f	ment provides for for implementing t applicable, indicate	he amendment if i N/a)	assification, or canonical in	incellation of issu the amendment it	ed shares, iself:	

The date of each amendment(s) adoption:date this document was signed.	7/26/18	, if other than the
Effective date <u>if applicable</u> : (no m	7/26/18 nore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's		s, this date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>DNE</u>)	
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approval		endment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of		
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by(voting grou		
The amendment(s) was/were adopted by the board of action was not required. The amendment(s) was/were adopted by the incorporaction was not required.	of directors without shareholder action and sl	
selected, by an incorporato appointed fiduciary by that	other officer – if directors or officers have for – if in the hands of a receiver, trustee, or officers) LS Mason or printed name of person signing)	
(Typed o		
	CFO (Title of person signing)	
	triffe of person signing)	