~ P1600005193

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

| Division of Corporations | |
|--|----|
| NAME OF CORPORATION: J. M. Installation Services In | 1C |
| DOCUMENT NUMBER: 44000065 193 | |
| The enclosed Articles of Amendment and fee are submitted for filling. | |
| Please return all correspondence concerning this matter to the following: | |
| Stanley Mondering Name of Contact Person | |
| 10783 Royal Palm Blud | |
| Coval Springs F2 33065 City/ State and Zip Code | |
| Masei 1/a/3@gmail. Com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: Stanley Mondesiv at 561 419.39.37 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: | |
| S35 Filing Fee Certificate of Status (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Street Address Amendment Section | |

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



January 6, 2017

STANLY MONDESIR 10783 ROYAL PALM BLVD CORAL SPRINGS, FL 33065

SUBJECT: S.M.INSTALLATION SERVICES, INC

Ref. Number: P16000065193

We have received your document for S.M.INSTALLATION SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 817A00000370

Carol Mustain Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2017

STANLY MONDESIR 10783 ROYAL PALM BLVD CORAL SPRINGS, FL 33065

SUBJECT: S.M.INSTALLATION SERVICES, INC

Ref. Number: P16000065193

We have received your document for S.M.INSTALLATION SERVICES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 817A00000370

| • | Articles of An | nendment | | | |
|--|---|---------------------------|-------------------------|---|-----------|
| | to | | | | |
| S.M. Inst. | Articles of Inco | Service | ces Inc | | |
| P1/20000 | Corporation as currently | filed with the Florida | Dept. of State) | | |
| 1-10000 | (Document Number of | Corporation (if known) | | | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 06, Florida Statutes, this F | Florida Profit Corporati | on adopts the following | amendment(s) to | |
| A. If amending name, enter the new name | e of the corporation: | | | | |
| | • | | 2 | The new | |
| name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional association B. Enter new principal office address, if a (Principal office address MUST BE A STR | ion "Corp," "Inc," or "C n," or the abbreviation "F applicable: | Co". A professional co. | corporated" or the abb | previation | |
| C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF | | | | | 2817 HAR. |
| D. If amending the registered agent and/o | or registered office addre | ess in Florida, enter the | name of the | 200 XX | 13 F |
| new registered agent and/or the new r | | | | المنافعة ا | 国と |
| Name of New Registered Agent | | | | = = = | <u>5</u> |
| _ | | | | | FH 12: 49 |
| | (Florida stree | et address) | | | _ |
| New Registered Office Address: | | ZU | , Florida | | |
| | (0 | City) | (Zip Co. | ae) | |
| New Registered Agent's Signature, if char I hereby accept the appointment as registere | | ith and accept the oblige | ttions of the position. | | |
| | Signature of New Re | gistered Agent, if chang | ing | | |

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: XChange | <u>PT</u> | John Doe | |
|-------------------------------|-------------|-----------------|--|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name Otto | Address 1.2.0.2.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0. |
| 1) Change | 1 | Stanley Hondair | 10783 Royal Palm Poli Coral sorines, FZ 3300 |
| Add | | • | Coral springs, FZ 3306 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | • | |
| 4) Change | | | |
| Add | | | |
| Remove | | • | |
| | | | |
| 5) Change | | | |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| 6) Change | | · | |
| Add | | | |
| Remove | | | |

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| nn amendment provides for an ovisions for implementing the (if not applicable, indicate N/. | amendment if not contain | or cancellation of issue ed in the amendment its | ed shares, telf: | |
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| The date of each amendment(s) adoption:date this document was signed. | <i>()</i> (· · · | $21^{\circ}a$ | 016 | , if other than th |
|---|---------------------|-------------------|---------------------|---------------------------|
| Effective date if applicable: | 08. O | 5. 2 | 016 | ··· |
| | • | | - | |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re- | | story filing requ | irements, this date | will not be listed as the |
| Adoption of Amendment(s) (CHECK ON | <u>IE</u>) . | | | |
| The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval. | ers. The number o | of votes cast for | the amendment(s) | |
| The amendment(s) was/were approved by the sharehole must be separately provided for each voting group end | | | | t |
| "The number of votes east for the amendments | | | .a. 1 | |
| by | / | 0V.5. | M | |
| The amendment(s) was/were adopted the board of d action was not required. | | nareholder actio | n and shareholder | |
| The amendment(s) was/were adopted by the incorporat action was not required. | tors without shareh | older action and | i shareholder | |
| Dated | 2016 | | | |
| Signature |) 1 | | - 1 1 | |
| (By a director, provident of other selected, by an incorporator – appointed fiduciary by that fiduciary by that fiduciary by the fiduciary by | | | | |
| (Typed or) | printed name of pe | erson signing) | | |
| ····· | (Title of person s | igning) | | |