P16000069616

(Re	equestor's Name)
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	ame)
(Do	ocument Numbe	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: MCB HANDYMA	AN SERVICES, INC			
DOCUMENT NUMBI	ER:				
	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		MARIO CAL			
_		Name of Contact Persor	1		
	МС	CB HANDYMAN SERVIC	ES, INC		
-		Firm/ Company			
	86 WEST PALM AVE				
-		Address	· "		
	1	LAKE WORTH, FL 33467			
_		City/ State and Zip Code	e		
NII IUN	APD A COOMOACT NET				
NUEV	AERA@COMCAST.NET	sed for future annual report	notification)		
	15-man address. (to be u.	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
MARIO CAL		at (561	294-0597		
Name of	Contact Person	Area Code & 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MCB HANDYMAN SERVICES, INC

to

(Name	of Corporation as currently	filed with the Florida Dept.	of State)		
P16000069616					
	(Document Number of	Corporation (if known)			i.
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Slorida Profit Corporation ado	pts the following	ng ame	ndment(s
A. If amending name, enter the new na	ame of the corporation:				
				_The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	ation "Corp," "Inc," or "C	lo". A professional corporati			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>					
			Alexander of the second		
				33	Contract to
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				ביים ביים	h with their
(<u></u>	011102 001	-		ယ	
			HIL.	77	्र लाज्या प्र सुद्धाः
			1-1 ex 	 _:ა	go reserving
D. If amending the registered agent an	id/or registered office addre	ess in Florida, enter the name	of the RO	9	Serggare.
new registered agent and/or the new					
Name of New Registered Agent	MARIO CAL				
 	86 WEST PALM AVE			_	
	(Florida stre	et address)		_	
New Registered Office Address:	LAKE WORTH	1	Florida 33467		
New Negistered Office Address.		, '		Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:				
I hereby accept the appointment as regist	ered agent Lam familiar w	ith and accept the obligations	of the position.		
	,//				
	111 au	0 6ml			
	Signature of New Re	gistered 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 Doc	
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>	Address
1) Change	Р	MARIO GIL	86 WEST PALM AVE
Add			LAKE WORTH, FL 33467
X Remove			
2) Change	P	MARIO CAL	86 WEST PALM AVE
X Add			LAKE WORTH, FL 33467
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change			
Add		· 	
Remove			

	ng additional Arti ets, if necessary).	(Be specific)			
,					
	ovides for an exch	nange, reclassific	cation, or cancella	ion of issued share	<u>5,</u>
f an amendment proprovisions for imple	ementing the ame				
f an amendment propositions for imple (if not applicable)	e, indicate N/A)				
provisions for imple	e, indicate N/A)			·	
provisions for imple	e, indicate N/A)				
provisions for imple	e, indicate N/A)				
provisions for imple (if not applicabl	e. indicate N/A)				
provisions for implicable (if not applicable)	e. indicate N/A)				
	e. indicate N/A)				

The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, the three states of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendrient for approval.	ment(s)
	ed by the shareholders through voting groups. The following st th 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 adopte action was not required.	d by the board of directors without shareholder action and share	:holder
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and sharehold	ler
09/12/2016 Dated		
selected, b	tor, president or other officer – if directors or officers have not y an incorporator – if in the hands of a receiver, trustee, or othe fiduciary by that fiduciary)	
•	MARIO GIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	