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COVER LETTER

TO: Amendment Section Division of Corporations

OCUMENT NUMB	ATION: MEGATRON EN' ER: P16000089022		
	of Amendment and fee are su	ibmitted for tiling.	
lease return all corres	pondence concerning this ma	itter to the following:	
	LYNN ADAMS		
-		Name of Contact Perso	n
	BEACHES TAX SERVICES	S OF N.E. FLORIDA, INC.	•
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	2768 SRA1A # 308		
		Address	
	JACKSONVILLE, FL 3223	33-2885	
-	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	
beache	estaxservices@comcast.net		
	-	sed for future annual report	notification)
or further information	concerning this matter, pleas	se call:	,
YNN ADAMS		00.	270-2876
	f Contact Person	at () 270-2876 de & Davtime Telephone Numbe
Name o	r Confact Person	Area Co	de & Dayume Telephone (Sumbe
nclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Address

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MEGATRON ENTERPRISES OF N.E. FLORIDA, INC.

MEGATRON ENTERTRISES OF N.E.	I LORIDA, INC.		1
(<u>Name</u>)	of Corporation as currently f	iled with the Florida Dept.	.!of State)
P16000089022			
	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	action "Corp," "Inc," or "Co	". A professional corpora	
B. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>			
			
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	icable: OFFICE BOX)		
If amending the registered agent an new registered agent and/or the new registered agent and new registered agent and new registered agent agen		s in Florida, enter the nam	e of the
Name of New Registered Agent	MAITRIK SANJAY	DESAI	
	7820 BAYMEADOWS ROA	D EAST # 625	
	(Florida street	address)	
New Registered Office Address:	JACKSONVILLE		Florida 32256
	(C)	(r)	(Zip Code)
w Registered Agent's Signature, if e ereby accept the appointment as regist	vered agent. I am jamiliar with Mall	h and Accept the obligations istered Agent, if changing	of the position,

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	7	MICHAEL A. CHAPMAN	
Add X Remove			
2) Change	P	MAITRIK SANJAY D ESA	7820 BAYMEADOWS ROAD EA
X Add	<u></u>		APT 625
Remove			JACKSONVILLE, FL 32256
3) Change			1
Add			
Remove			,
) Change		_	
Add			
Remove			
Change			
Add			
Remove			
Change		_	
Add			
Remove			

f amending or adding additional Art Mach additional sheets, if necessary).	(Be specific)		
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an amendment provides for an excl	hange, reclassification, or cancellation of issued sha	V.A.L	
provisions for implementing the ame	endment if not contained in the amendment itself:	<u></u>	
(if not applicable, indicate N/A)			
			;
		·····	<u> </u>
· · · · · · · · · · · · · · · · · · ·			
			
			
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	Page 3 of 4		1

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The date of each amendment(s) adoption: 1/1/2018 late this document was signed.	, if other than the
and this document was signed.	_
Effective date if applicable:	<u> </u>
(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, 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 by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately o	
"The number of votes cast for the amendment(s) was/were sufficient for a	pproval
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	der action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	action and shareholder
Dated 14/21/17	
Signature Man Achim	
(By a director, president or other officer – if directors of	· ·
selected, by an incorporator – if in the hands of a recei appointed fiduciary by that fiduciary)	ver, trustee, or other court
MICHAEL A. CHAPMAN	
(Typed or printed name of person si	igning)
PRESIDENT	
(Title of person signing)