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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: MYSHIN ACCOMPLISHED INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TOM BREAZEALE Name of Contact Person Firm/ Company Address 68 7th ST SHALIMAR FL 32579 City/ State and Zip Code tom@mmshq.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tom Breazeale Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

MYSHIN ACCOMPLISHED INC.				
(Name of Corporat	ion as currently filed w	vith the Florida Dept. of State)		
P19000004419				
(Docur	ment Number of Corpor	ation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Florida</i>	Profit Corporation adopts the fo	llowing amendmen	t(s) to
A. If amending name, enter the new name of the c	orporation:			
WAYNE MYSHIN PA			The new	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc," or "Co". A		the abbreviation	
K Enter new principal office address, if applicabl	<u>e:</u>			
(Principal office address MUST BE A STREET AD	<u>DRESS</u>)	/	·-	
				. u.
Enter new mailing address, if applicable:			; ; C;	: ::=
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
				7 cm 7 m
		/		(2)
If amending the registered agent and/or registened agent and/or the new registered	ered office address in F	lorida, enter the name of the		Ĵŝ
Name of New Registered Agent				
	(Florida street addre	254)		
	(1.00			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		l accept the obligations of the no-	sition	
Thereby accept the appointment as registered agent.	r am jamatar wan and	accept the voltgations of the po.	14111772.	
Sign	nature of New Registere	ed 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 Doe	
X Remove	\underline{V}	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add	\		
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	/		
Remove			
5) Change /	/ 		
Add /			
Remove/			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

If amen (Attach a	ading or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
	Real Estate Sales; and all Lawful business	
		<u> </u>
		
·		
provis	mendment provides for an exchange, reclassification, or cancellation of issued share sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate N/A)	<u>25,</u>
	•	
		· · · ·

	2/1/2019	
The date of each amendment(s)	adoption:, if	other than th
date this document was signed.		
	/1/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not b Department of State's records.	e listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
1/24/201	19	
Dated	/////	
	5/16× 1/	
Signature	a director president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pinted fiduciary by that fiduciary)	
	B. T. Breazeale	
	(Typed or printed name of person signing)	
	Sec	
	(Title of person signing)	