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(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: M.T.C. Serv	vices Corp.
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning	this matter to the following:
William Miller	_
	Name of Contact Person
M.T.C. Services Corp.	
	Firm/ Company
1667 Sedgwick Dr	
	Address
Middleburg, Florida 3:	2068
-	City/ State and Zip Code
wmiller7173@gmail.c	om
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	r. please call:
William Miller	at (904) 591-8707
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:
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)	
(Document Num	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Corp</i> e	oration adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporatio	on:		
MTC Services Corp.			The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "i	o". A professional corp	porated" or the abbreviation pration name must contain	on "Corp.,"
B. Enter new principal office address, if applicable:			رے
(Principal office address MUST BE A STREET ADDRESS)			
	_		
	***		<u>-</u>
C. Enter new mailing address, if applicable:			1.10:11
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
			
D. If amending the registered agent and/or registered office		r the name of the	
new registered agent and/or the new registered office ad-	dress:		
Name of New Registered Agent			_
(Flori	ida street address)		_
New Registered Office Address:		. Florida	
New Registered Office Address.	(City)		Code)
New Registered Agent's Signature, if changing Registered A		I.P. and the officer	
I hereby accept the appointment as registered agent. I am fam	ittar with and accept the c	onigations of the position.	
Signature of N	New Registered Agent, if c	hanging	_
Signature of the	.,		
Check if applicable	., ., .,		

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 = ChiefExecutive 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>Address</u>
1) Change			
Add			
Remove			
2) Change		-	
Add			
Remove 3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change		· ·	
Add			
Remove			
5) Change			
Add			
Remove			
S) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) he (Be specific)			
				
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F				
f an amendment provides for an excl provisions for implementing the ame	range, recrassurcation, andment if not contains	d in the amendment	itself:	
(if not applicable, indicate N/A)	nament ii not containe	a m the amenament	1.5011	
			· '-	

The date of each amendment(s) date this document was signed.	adoption:	, 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 document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ 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.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
9/3/2020 Dated		
selec	director/president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	William Miller	
	(Typed or printed name of person signing)	
	President/Owner	
	(Title of person signing)	