P22000012671

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

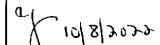




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2022 J.T. -6 J.T. 9: 5



COVER LETTER . .

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	ERVICES INC	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	MICHAEL HENRY		
		Name of Contact Person	1
		Firm/ Company	
	5752 TRAVELERS WAY		
		Address	
	FORT PIERCE, FL 34982		
		City/ State and Zip Code	•
	mikehenry832@yahoo.com		
	E-mail address; (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MICHAEL HENRY		at () 214-9120 de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MH FLOORING SERVICES INC

2022 JUL - 6 7/1 9: 51

WITT ECONING SERVICES INC	ZULL JULL O MAY J
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P22000012671	-
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	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 "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5752 TRAVELERS WAY
(Principal office address MUST BE A STREET ADDRESS)	FORT PIERCE, FL 34982
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5752 TRAVELERS WAY
	FORT PIERCE, FL 34982
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent	
/Florida s	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registered Ager	<u>u:</u>
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.

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)

Example:

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.

<u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sn	<u>vith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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				

	rets, if necessary).	(Be specific)			
					
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				<u>.</u>	
	<u>ovides for an excl</u>	<u>iange, reclassificati</u>	<u>on, or cancellation</u>	<u>of issued shares, </u>	
an amendment pr	ementing the ame	indment if not conta	<u>ined in the amend</u>	ment itself:	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date <u>if applicable</u> :	than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON)	<u>£</u>)
The amendment(s) was/were adopted by the incorporate action was not required.	ors, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the sharehole must be separately provided for each voting group entities.	
"The number of votes east for the amendment(s)	was/were sufficient for approval
by	
(voting group)	
06/29/2022 Dated	
	ner officer – if threctors or officers have not been if in the hands of a receiver, trustee, or other court fuciary)
MICHAEL HENRY	
(Typed or p	printed name of person signing)
PRESIDENT	
(Title of ne	rson signing)