P23000028583

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MP NELSON INC		
	ER: P23000028583	•	·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
;	MILES B. NELSON		
- :	MB NELSON INC	Name of Contact Person	1
-	 	Firm' Company	
	2883 FLOWERING MOSS E	RUN	
	<u>-</u>	Address	
	WESLEY CHAPEL, FL 335	43	
•		City State and Zip Cod	*
	MILESNELSON28@GMA1	L.COM	
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea		222 1265
		at (223-4535
Name o	f Contact Person	Area Co	de & 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)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303

Articles of Amendment to Articles of Incorporation of

MP NELSON INC	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P23000028583	
(Document)	Number of Corporation (if known)
Persuant to the provisions of section 607,1006, Florida Status Articles of Incorporation:	autes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	ration:
MB NELSON INC	The new
	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co", A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES	<u></u>
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
And the state of t	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
,	Florida street address)
New Registered Office Address:	Florida F
	(Cip) (24) Code = 0
	SSS
New Registered Agent's Signature, if changing Register	red Avent:
I hereby accept the appointment as registered agent. I am	
	58
Signature	of New Registered Agent, if changing

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).

Please note the officer director title by the first letter of the office title:

P = Presiden V = Vice President; F = 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: × Change	PT <u>Joh</u>	nn Doe	
N Remove	<u>V</u> <u>M</u> i	k <u>e Jones</u>	
X Add	SV Sal	ly Smith	
Type of Action (Check One)	<u>Litle</u>	<u>Name</u>	Address
(i) Change		N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
47 Change			······
_ Add			
Kemove			
5. Change			
. Add			
Remove			
6) Change	··		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary)	icles, enter change(s) here: (Be specific)	
S/A		
·		
· · · · ·		· · · · · · · · · · · · · · · · · · ·
		
	······································	
		
- -		
		
1. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
(it not applicable indicate N A)	endment if not contained in the amendment itself:	
NA		
	······································	
		

	4/2-4/2023
The date of each amendment(s) the 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 Escument's effective date on the I	block does not meet the applicable statutory tiling requirements, this date will not be listed as the department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was were acciden was not (equired	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was were ac by the shareholders was were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
b)	(voting group)
4/24/2023 Dated	
Signature	nence
select	director, president or other officer — if directors or officers have not been ed, by an incorporator — if in the hands of a receiver, trustee, or other court med fiduciary by that fiduciary)
	MILES B. NELSON
	(Typed or printed name of person signing)
	PRESIDENT, SECRETARY, TREASURER, DIRECTOR
	(Title of person signing)

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