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C LEWIS

# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M.C.S. Enlerpises, Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
COLLEEN STACE STOPIRO Name of Contact Person
MCS Enterprises Jac. Firm/Company
3796 Howell Branch Road
Winter Park, FL 32792 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Collee Stacy Shapino at (561) 955-0920  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 Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certified Copy  (Additional Copy is enclosed)  Certified Copy  (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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2016 JUN -3 PM 12: 44

M.C.S. Enterprises, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P9400081727
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
mame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent College Stacy Stacy Stacy
Name of New Registered Agent College Stacy Shapino  3796 Howell Branch Road  (Florida street address)
New Registered Office Address: Winter Paril , Florida 32792
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>ce Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P, D	Mehr Dad Hariri	77 Cypress Lare
Add			Maitland FL 32751
X Remove			
2) Change	5,0	Shereen Hariai	71 Cypress Lare
Add			Maithand, fl 32751
× Remove			
3) Change	PD	William E McMiller	3796 Howell Branch R
X Add	•		Winter Park, FL 32792
Remove			
4) Change	<u>vr</u>	Chad Tomlinson	3796 Havell Branch Ro
X Add			Winter Park, FL 32792
Remove			
	_	Λ \	•
5) Change	<u>S</u>	Colleen Stray Strapino	3796 Howell Branch Co
X Add			Winter Park, FL 32792
Remove			
6) Change			
Add			
Remove			

	nal sheets, if nec	cessary).	(Be specific)				
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The date of each amendment(s) adoption:	SECRE Hother than the
date this document was signed.	DIVISION OF CORPORATION
Effective date if applicable:  (no more than 90 days after amendment file date)	2016 JUN = 3 PM 12: 44
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	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 cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated Quar 2, 2016	
Signature Signat	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Secretary	
(Title of person signing)	