P940000 90463

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C.COULLIETTE

NOV 3 0 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Murray Services.</u>	Inc.	
DOCUMENT NUMBER: P94000090463		
The enclosed Articles of Amendment and fee are st	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Lamar Murray N	ame of Contact Person	
Murray Services, Inc		
•	Firm/ Company	
802 Parker Street		
	Address	
Jacksonville, Florida 32206		
Ci	ity/ State and Zip Code	
murrayservicesin@bellsouth.net E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
Lamar Murray	at (904) 356-3600
Name of 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 & Certified Copy (Additional copy is enclosed)	☐\$52.50 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 Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2011

LAMAR MURRAY MURRAY SERVICES, INC. 802 PARKER ST JACKSONVILLE, FL 32206

SUBJECT: MURRAY SERVICES INC.

Ref. Number: P94000090463

We have received your document for MURRAY SERVICES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must complete the first page of the amendment form and have the president listed to sign on the last page as requested.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 411A00026269

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Articles of Amendment

•	to			
A	Articles of Incorporation	4 2	a)	
44.	of	~	{	
Murray Service	ies Anc.		*	
(Name of Corporation as curren		of State))	
P 94000090 463		•	<i>i</i> •	
	er of Corporation (if known)			
ursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida P	Profit Corporation add	opts the follow	ving
. If amending name, enter the new name of the	he corporation:			
he new name must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the di ame must contain the word "chartered," "profes	lesignation "Corp," "Inc," or "C	Co". A professional d		
5. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F DAV			
(Watting attacks WAT DE A FOST OFFICE				
. If amending the registered agent and/or reg		a, enter the name of t	he =	
new registered agent and/or the new registe	red office address:		ÉĞ	
Name of New Registered Agent:				HOV 30
				$\overline{\omega}$
	(Florida street address)			
V D 10m 411		T11 3 -	# <u>}</u> #	P
New Registered Office Address:	(City)	, Florida(Zi	p Code)⊇ ≒	ü
	1		p Code)	28
			Z>	
ew Registered Agent's Signature, if changing	Registered Agent:			
hereby accept the appointment as registered age		of the obligations of the	position.	
Si	of Nov Pagistavad Agast if shang	ing.		

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

additional sheet.)

Title(s)		Name		Address
1) P/D		Lamar Murray	-	85244 Avant Road Yulce, Florida 32097
2) <u>VP/D</u>		Keith Murray		13033 Sawpit Road Jacksonville, Florida
3) <u>S</u>		Kenneth Murray	_	95487 Arbor Lane Fernandina Beach, Florida 32034
4)				
5)				
6)			_	
<u>If REMOVIN</u>	G an office	r and/or director, please list the (title(s) and	name of the officer/director to be removed:
Title(s)	Name		Title(s)	<u>Name</u>
1)			4)	
2)			5)	
2)			6)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	· ·

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

·
The date of each amendment(s) adoption: November 16, 2011
ine date of each amendment(s) adoption: November 10, 2011
Effective date if applicable: November 18,2011 (no more than 90 days after amendment file date)
(no more than see adjust give, amoramous just annotation)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated November 16,2011
Signature 7 amus // Musuay
(By a director, president of other officer - if directors or officers have not been
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Lamar Murray
(Typed or printed name of person signing)
San Aldrews
President (Title of person signing)
/ L