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Division of Corpor	rations w			
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DOCUMENT NUMBI	er: <u>17990000</u>) ४ <u>५</u> ३७०	·	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	condence concerning this ma	-		
_	MicHAEL	P. Coox Name of Contact Person		
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	MPC Pools	sed for future annual report	M	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
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Name of	f Contact Person	Area Co	de & 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 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)	
Mailing Address Street Address				
Amer	ndment Section	Amend	ment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

M PC	PODIS	NC -	_
(Name of Corporation as currently filed wit	h the Florida Dept.	of State)	
1990	100084	370	_
(Document Number of Corpor	ration (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	es, this <i>Florida Profit</i>	t Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new name of the corporat	<u>ion:</u>		
			The new
name must be distinguishable and contain the word "corgue". "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev.	," or "Co". A profe	y," or "incorporated" or the a essional corporation name must	ıbbreviation
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)			
	- + 		-
			- デ 造
D. If amending the registered agent and/or registered offi		a, enter the name of the	星额四
new registered agent and/or the new registered office a	address:		5 號
Name of New Registered Agent			7 P. S.
	<u></u>		R E
(Flo	orida street address)		24 B
New Registered Office Address:		, Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa		ot the obligations of the position.	
-			
Signature of New Regi	istered Agent, if chang	ging	

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 <math>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	John [<u>Doe</u>	
X Remove	<u>v</u>	Mike,	Jones .	
X Add	<u>sv</u>	Sally S	Smith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	75	5	DARLA ReiMER	12720 ORINGE GROVE Blod
Add				12720 ORINGE GROVE Blud West Palm BCH
Remove				Fl 33411
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
🗖				
5) Change				Value of the second sec
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
······································	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:		
Enterior date in apparente.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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	(voting group)	
	(voling group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	/3/14	
Signature	welfared & Trans	
(By a d	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
wpp o	MicHAEL P. Cook (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	