P06000038696

(Re	equestor's Name)	
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SECRETARY OF STATE





COVER LETTER

TO: Amendmer Division of	nt Section Corporations		
NAME OF CO	rporation: 2 -	Painting, Inc.	
DOCUMENT N	NUMBER:	Painting, Inc.	
The enclosed Ar	ticles of Amendment and fee	are submitted for filing.	
Please return all	correspondence concerning the	his matter to the following:	
	MARISSA CAKMA	KCI Name of Contact Person	
	M.L.J. Tax +	Accounting, Inc. Firm/ Company	·
	829 Briley	ST. Address	
	BOCA RATON,	FL 3348-7 City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification)	
For further inform	nation concerning this matter,	please call:	
John Ly-	+ le e of Contact Person	at (959) 709- Area Code & Daytime Tel	
Enclosed is a chec	ck for the following amount n	nade payable to the Florida Depar	tment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A		Street Address	
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building	
	e, FL 32314	2661 Executive Center Circle	3

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	of		
2 - Painting	Inc.	•	
	rently filed with the Florida Dep	t. of State)	
P0600003	8696		
(Document Nu	8696 Imber of Corporation (if known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		Profit Corporatio	n adopts the following
A. If amending name, enter the new name of the name of		The.	The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pre-	e designation "Corp," "Inc," or '	'Co". A professi	onal corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
D. If amending the registered agent and/or new registered agent and/or the new regis		la, enter the nam	e of the
Name of New Registered Agent:	sered once uduress.		
New Registered Office Address:	(Florida street address)		
•	- <u>-</u>	, Florida_	
	(City)	(Zip Code)	AS O

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.

Signature of New Registered Agent, if changing

The date of each amendmen	t(s) adoption: 4-12-10 (date of adoption is required)
Victoria des if ambanta.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	4-12-10
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Tohn LY+/e (Typed or printed name of person signing)
	President
	(Title of person signing)