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| Special Instructions to Fili | ng Officer: | <u> </u> |
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Office Use Only



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05/24/20--01008--05 ECRETARY OF STATE AND SEE, FL

10/12/20

COVER LETTER

TO: Amendment Section Division of Corporations

| G CORPORATION | <u> </u> |
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| | |
| ubmitted for filing. | |
| atter to the following: | |
| | |
| Name of Contact Person | 7 |
| RATION | |
| Firm/ Company | |
| • | |
| Address | |
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| City/ State and Zip Cod | e |
| used for future annual report ase call: | notification) |
| at (⁸¹³ | 459-3277 |
| | de & Daytime Telephone Number |
| e payable to the Florida Depa | artment of State: |
| ☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amend Division The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |
| | Name of Contact Person RATION Firm/ Company Address City/ State and Zip Cod used for future annual report ase call: at (813 Area Co e payable to the Florida Dep S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amenc Divisic The C |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

| AB&P PAINTING CORPORATION | 2020 AUG 24 PM 2: 21 | | |
|--|--|--|--|
| (Name of Corporation as current) P16000097930 | ly filed with the Florida Dept. of State) SECRETARY OF STATE TALL AHASSEE, FL | | |
| (Document Number o | of Corporation (if known) | | |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation: | Florida Profit Corporation adopts the following amendment(s) to | | |
| | The new | | |
| name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must contain the word | | |
| B. Enter new principal office address, if applicable: | 36749 PELTON ST | | |
| (Principal office address MUST BE A STREET ADDRESS) | ZEPHYRHILLS, FL 33541 | | |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 36749 PELTON ST | | |
| the state of the s | ZEPHYRHILLS, FL 33541 | | |
| | | | |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres | | | |
| Name of New Registered Agent | | | |
| | | | |
| (Florida si | treet address) | | |
| New Registered Office Address: | , Florida | | |
| | (City) (Zip Code) | | |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar | at: with and accept the obligations of the position. | | |
| 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)

Example:

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.

| X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | <u> </u> | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s (Bc specific) | | | | |
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| If an amendment provides for an exc | hange, reclassificat | ion, or cancellation | on of issued sha | res, | |
| provisions for implementing the amount (if not applicable, indicate N/A) | enament it not cont | amed in the anie | nument user. | | |
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| 08/21/2020 | |
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| The date of each amendment(s) adoption: | , if other than t |
| date this document was signed. | |
| 08/21/2020 | |
| Effective date if applicable: | |
| (no mor | e than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re- | ne applicable statutory filing requirements, this date will not be listed as tecords. |
| Adoption of Amendment(s) (CHECK ON | (E) |
| The amendment(s) was/were adopted by the incorpora action was not required. | ntors, or board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval. | lers. The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en | |
| "The number of votes east for the amendment(s) | was/were sufficient for approval |
| by | ." |
| (voting group | 9 |
| 08/21/2020 | |
| DatedSignature | |
| (By a director, president or o | ther officer - if directors or officers have not been |
| | if in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that f | iduciary) |
| ANDY DENOVA | |
| (Typed or | printed name of person signing) |
| PRESIDENT | |
| (Title of p | person signing) |