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SECRETARY OF STATE.

FEB 1 5 2016

T. LEMEUX



## **COVER LETTER**

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TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Elmer's Paint & Body, Inc.				
DOCUMENT NUMBER: 454531				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Glen Morin Name of Contact Person				
Name of Contact Person  Elmer's Paint + Body Inc.  Firm/Company				
363 N. Ivey Lane  Address				
Address  Orlando FL 32811  City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Glen Morin at (321) 239-2715  Name of Contact Person Area Code & Daytime Telephone Number				
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 Certified Copy (Additional copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of Inc	orporation
Elmer's Pai	of the Body, Inc.  The Body of State (1)
(Name of Corporation as current)	o
(Document Number of	Corporation (if known)
·	
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered." "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	NA
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address  Name of New Registered Agent  363 N. C.	Morin Ivey Lane
New Registered Office Address: Orland	City)  Florida 32811 (City)  (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar v  Signature of New R	registered Agent, if changing
Page I	

## 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.

X_Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
t) _ Change	P	Morin, Gerald	Deceased
Add Remove			
2) X Change	P	Clen Murin	1644 E. Liveneston St.
Add			ORLANDO, FL. 32803
3) X Change		Glen Marin	SAME AS ABOVE
Add		2	
4) <u>K</u> Change	<u>T</u>	CLON MORIN	SAME AS ABOVE
Add			
5) <u>'</u> Change	<u>S</u>	BOBBI TO MORIN	2139 LAKE (RESCENT GA WINDERMERE, Fr. 34786
Add			WingERMERE, Fe. 39186
6) Change			
Add			
Remove			

4 / /	ial sheets, if necess	l Articles, enter cha ary). (Be specific)			
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			M. 41 . 11 4	· · · · · · · · · · · · · · · · · · ·	
·				on of issuen shares.	
an amendme	ent provides for ar	<u>rexchange, reclassif</u>	ication, or cancellate	ndment itself:	
provisions for	r implementing the	amendment if not o	contained in the ame	ndment itself:	
provisions for	ent provides for ar r implementing the plicable, indicate N	amendment if not o	contained in the ame	ndment itself:	
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provisions for	r implementing the	amendment if not o	contained in the ame	ndment itself:	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	November 15, 2016	
	(no more than 90 days after amendment fi	île date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requestrement of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for ficient for approval.	the amendment(s)
☐ The amendment(s) was/were appr must be separately provided for e	roved by the shareholders through voting groups. The factor cach voting group entitled to vote separately on the amount	Collowing statement endment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action	n and shareholder
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and	d shareholder
Dated	5-2016	
Signature	1/1	
(By a dir selected.	rector, president or other officer – if directors or officers, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary)	s have not been ee, or other court
· 	Glen Morin (Typed or printed name of person signing)	
_		
	as Personal Represor (Title of person signing) Estate of Ger	ald Morin

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