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COVER LETTER

TO: Amendment Section Division of Corporations	·
NAME OF CORPORATION: ACRYLIC PAIN	TERS USA INC.
DOCUMENT NUMBER: N 1 70000073	324
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following	g.
KERRY DIDDAY	
(Name of Contact	et Person)
ACRYLIC PAINTERS USA IN	sc.
(Firm/ Comp	pany)
2307 PLATNUM DR.	
(Address	s)
SUNCITY CENTER, FL	33573
(City/ State and 2	Zip Code)
KERRY@DIDDAY. COM	
E-mail address. (to be used for future annual	report notification)
For further information concerning this matter, please call:	
KERRY DIDDAY (Name of Contact Person)	at 727 560 2609 (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 Flori-	da Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing I Certificate of Status Certified Copy (Additional copenctors)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

ACRYLIC PAINTERS WSA INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
N170000073Z4	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 617,1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the tamendment(s) to its Articles of Incorporation:	ollowing
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp" of "Company" or "Co." may not be used in the name.	"Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office taddress <u>strost bit A STREAT ADDRESS</u>)	
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	***
new registered agent and/or the new registered office address:	
Name of New Registered Agent: N/A	
(Florida street address)	
New Registered Office Address:	
, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
N/A	
Signature of New Registered Agent, if changing	
;	

Page 1 of 4

	= Chief Financia	Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office
	aves the corporati	on, Sally Smith is named the V $\stackrel{.}{a}$ nd S. The	he PST and Mike Jones is listed as the V. There is se should be noted as John Doe, PT as a Change.
Example: X Change X Remove X Add	PT John I V Mike . SV Sally S	<u>lones</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>P</u>	KERRY DIDDA	2367 RATINUM DR SUNCITY CENTER, FL 33573
2) Change Add Remove			
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
(b) Change Add			
Remove			

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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:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

E. If amending o (attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
ADD	EIN-82-2159294	
		· · · · · · · · · · · · · · · · · · ·

	· · · · · · · · · · · · · · · · · · ·	
		· -

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	, it office than the
7-17-17	
chective date it applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	: listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
Dated 7-17-17	
Signature Kn Discher	
(By the chairman or vice chairman of the board, president or other officer-if directors	
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
one contrappement managers	
KERRY B. DIDDAY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	