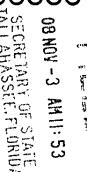
P00000010170

(Requestor's Name)	
(Address)	
(Address)	
(0) (0) (7) (7)	
(City/State/Zip/Phone #)	
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W.€. C.COULLIETTE

NOV 052008

EXAMINER

· COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ASTRO PAIL	NTING AND ROOFING	G INC.
DOCUMENT NUMBER: P00000010170		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	·
	RDO A NEYRA	
(Name of C	Contact Person)	
	NG AND MAINTENANCE INC.	
(Firm/	Company)	
	ST 51 PLACE	
· · · · · · · · · · · · · · · · · · ·	ddress)	
	EAH, FL 33013 e and Zip Code)	
For further information concerning this matter, pl	-	
RICARDO A NEYRA	at (<u>305</u>) <u>905-960</u>	
(Name of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check for the following amount made	le payable to the Florida De	partment of State:
\$35 Filing Fee \$Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 C	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Document 140	mber of Corporation (if known)	<u>.</u> e
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco		it Corporation adopts the
A. If amending name, enter the new name	of the corporation:	
ASTRO PAINTING AND MAINTENAN		
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation nat association," or the abbreviation "P.A."	" "Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if ap		
(Principal office address MUST BE A STRE	ET ADDRESS)	SE NACI
		70 N 10 N 10 N 10 N
	-	38
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFF</u>	<u></u>	The state of the s
		Sin W
	ragistared office address in Florida, a	nter the name of the
D. If amonding the registered agent and/or		ater the name of the
D. <u>If amending the registered agent and/or</u> new registered agent and/or the new reg	TOTAL OFFICE WATER AND	
new registered agent and/or the new reg		
new registered agent and/or the new registered Agent:	(Florida street address)	
new registered agent and/or the new reg		
new registered agent and/or the new registered Agent:		, Florida (Zip Code)
new registered agent and/or the new registered Agent:	(Florida street address) (City)	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
	nding or adding additional A additional sheets, if necessary,	rticks, enter change(s) here: . (Be specific)	
<u>provis</u>		xchange, reclassification, or cancell nendment if not contained in the am	

The date of each amendment(s) adoption; 10/24/2008		
Effective date <u>if applicable</u> :	10/24/2008	
<u></u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendment(stere sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated_10/2	4/2008	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
apı	pointed fiduciary by that fiduciary)	
	CTyped or printed name of person signing)	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	