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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: A Sparkle Above, II	ne	
DOCUMENT N	P00000010493		<u></u>
The enclosed Arti	cles of Amendment and fee are sub	mitted for filing.	
Please return all co	orrespondence concerning this matt	er to the following:	
	Debra A Wilson		
		Name of Contact Perso	n
	ASA Presure Cleaning & Seal	ing	
		Firm/ Company	
	3804 NW 126 Avenue		
	Violent (III)	Address	
	Coral Springs, Fl 33065		
		City/ State and Zip Cod	e
	con recognized from Oatt mat	•	
as —	sapressureclean@att.net	10.0	
	E-mail address: (to be use	d for future annual report	notification)
For further inform	ation concerning this matter, please	call:	
Debra Wilson		954 at (575-4993
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for the following amount made p	ayable to the Florida Depa	artment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	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	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	to Articles of In	corporation	THE STATE OF THE S	
A Sparkle Above, Inc.	0	f	7 - F	
	of Corporation as curren	tly filed with the Flori	da Dept. of State)	
00000010493			Q.F.	
	(Document Number	of Corporation (if know	vn)	
suant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corpoi	ration adopts the following amendment	
If amending name, enter the new n	ame of the corporation:			
S A Pressure Cleaning & Sealing, Inc			The new	
Corp.," "Inc.," or Co.," or the design or "chartered," "professional associon Enter new principal office address.	ation," or the abbreviation	"Co". A professional "P.A." 3804 NW 126 Ave		
Principal office address <u>MUST BE A STREET ADDRESS</u>)		Coral Springs, Fl 33065		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3804 NW 126 Ave		
If amending the registered agent an new registered agent and/or the ne	w registered office addres	lress in Florida, enter		
Name of New Registered Agent Debra Wilson (SAME)			 	
	3804 NW 126 Avenue Co			
	(Florida si	treet address)	33065	
			. ルバスル ン	
New Registered Office Address:	3804 NW 126 Avenue Co	(City)	, Florida(Zip Code)	

Signature of New Registered Agent, if changing

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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	<u>nes</u>		
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title		Name		Address
1) Change	· · · · · · · · · · · · · · · · · · ·		SAME	 	
Add					
Remove					
2)Change		_	SAME		
Add					**************************************
Remove					- A lad attachments
3)Change		_		······································	
Add					
Remove					***************************************
4)Change					
Add					
Remove					
5) Change			***************************************		
Add					
Remove					
6)Change		_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					

E. If amending or adding additional Arti	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
No Changes	,

·	
	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor apprecion, marcure 1971)	
No Changes	
	P-102-1-20-20-20-20-20-20-20-20-20-20-20-20-20-

Effective date if applicable:	
Extective date in applicable.	(no more than 90 days after amendment file date)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement 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/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
March 10, 2	2017
Dated Signature 1	prawilson
(By a d selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Debra Wilson
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)