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PICK-UP	☐ WAIT	MAIL.
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Ament Electric date 9-1-12



AUG 2 9 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Perfect Image	Lawn Maint, Inc
DOCUMENT NUMBER: YOU	000 79996
The enclosed Articles of Correction and fee	e are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Perry (Scott) Ho Name of Contact Person	ynes
Perfect Image C	ewn Maint. Inc.
2265 Stone Co	<u>ross Circle</u>
Ochon do Fl 3	52828
Perfectionage Cut a E-mail address: (to be used for future annual rep	Daol. com port notification)
For further information concerning this ma	tter, please call:
Peru Scott Haynes	at (400) 924-3729 Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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 Tallabassee, FL 32301

	Gffut an
Articles of A	mendment CHUR ON ALL
to Articles of Inc	
Perfect Image La	un Maint, Inc.
(Name of Corporation as currently filed with the F	lorida Dept. of State)
<u> </u>	190
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	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: (Principal office address MUST BE A STREET ADDRESS)	2) 2100 Stone Cross Circle
	32828
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2265 Stone Cross Circle
	32828
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent  22655	tone Cross Circles
New Registered Office Address: Orland (City)	O, Florida 3282
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New Registered A	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.

Mike Jones, V as Kemov	e, ana Sally l	Smith, SV as an Add.	
Example: X Change	<u>PT</u> <u>J</u>	ohn Doe	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) $\angle$ Change	D	Perry Scott Haynes	22105 Stone Cross Circle Orlando Fl
Add	-		Orlando Fl
Remove			32828
2) Change			<del></del> .
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			
6) Change		<del></del>	<del></del>
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary).	(Be specific)	
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16		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<u> </u>		
	,	

The date of each amendment(s) adoption:
Effective date if applicable: Sept. 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated Aug. 20, 2012
Signature May Statt Treens
(By a director, president or other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Perry Scott Haynes (Typed or printed name of person signing)
(Typed or printed name of person signing)
Registered Agent / Director