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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROB'S REFINISI	HING, INC.	
DOCUMENT NUMB	DOLOGGG 22007		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ROBERT NABORS		
-	ROB'S REFINISHING, INC.	Name of Contact Person	1
-		Firm/ Company	
	5017 MULDOON CIR	, ,,	
-	•	Address	
	PENSACOLA, FL 32526		
-		City/ State and Zip Code	С
:	robsrefinishing@gmail.com		
-	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, please	se call:	, 261-8243
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indirection Identification of Corporations Box 6327 hassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

ROB'S REFINISHING, INC.		والمراجع	
	of Corporation as curr	ently filed with the Florida Dept. o	f State)
P01000033997			
	(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	his <i>Florida Profit Corporation</i> adop	ots the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>	
Not applicable			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp, " "Inc, " or "Co"	. A professional corporation nam	
B. <u>Enter new principal office address,</u> (Principal office address <u>MUST BE A S</u>		Not applicable	
Timesput office dudress bross bic Ato	THE PARTIES I		<u> </u>
			7.000 Hi
C. Enter new mailing address, if applicable:		Not applicable	8
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
			22
D. If amending the registered agent an new registered agent and/or the ne			of the
Name of New Registered Agent	Not applicable		
Name of New Registerea Agent		·····	
	(Florida	a street address)	
	Not applicable		
New Registered Office Address:			lorida (Zip Code)
		`	
New Registered Agent's Signature, if call thereby accept the appointment as registed.			f the position.
•	•		
	Signature of Ne	w Registered Agent, if changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	V	JAMES L CUPP	13 GOLF ST
Add			PENSACOLA, FL 32506
X Remove 2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove 5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
See previous amendment filed 12/16/2019
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) James L Cupp has terminated his position with the Corporation effective 5/08/2020. As stipulated per the Amendment
the Articles of Incorporation which was filed on 12/16/2019, his ownership of 200 shares of Common Stock reverts to the
ownership of the corporation with a retroactive effective date of January 1, 2020.

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The date of each amendment(s) adoption:	, if other than the
date this document was signed. May 08, 2020	
Effective date if applicable:	
(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes or by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups, must be separately provided for each voting group entitled to vote separately on the separately of the separate	· -
"The number of votes east for the amendment(s) was/were sufficient for app	roval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
May 8, 2020 Dated	
- Signature	
(By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary)	
Robert Nabors	
(Typed or printed name of person sign	ing)
President	
(Title of person signing)	