P02000006036

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02/02/15--01010--011 **43.75

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: All Surface	Restorations & F	Preservations inc.			
	ER: P0200000603					
	f Amendment and fee are su					
Please return all corresp	ondence concerning this ma	tter to the following:				
	Anthony R Meure	er				
_		Name of Contact Person	n			
4	All Surface Restorations & Preservations inc.					
_	Firm/ Company					
4700 Sheridan Street						
Address						
1	Hollywood Florida (suites) 33021					
-		City/ State and Zip Cod				
nrin	cipalmedia@bell	south net				
Pini		sed for future annual report	notification)			
	(12.22		,			
For further information	concerning this matter, pleas	se call:				
Anthony R Meurer		at (754	, 367-3768			
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:			
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Circle Tallahassee, FL 32301				

Articles of Amendment

to

Articles of Incorporation

All SurFace Re	of the kings	¿ Dec		÷	
(Name of Corporation as current				LNC.	
P0200006036	iv med with the Fig	rida Dept. of S	(ate)		
	r of Corporation (if)	known)			
·	•				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Co	<i>rporation</i> add	opts the following	g amendment(s) to
A. If amending name, enter the new name of th	e corporation:				
Storm Shield Paint Systems In	IC.				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	orp," "Inc," or "C	o". A professio			
B. <u>Enter new principal office address, if applicate application of the principal office address MUST BE A STREET A</u>			 		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	POV)				
(Muning numess MAT BE A FOST OFFICE	<u>BUX</u>)				
				<u>.</u>	
D. If amending the registered agent and/or reginew registered agent and/or the new register		ss in Florida, en	iter the name	e of the	
Name of New Registered Agent					
	(Florida stree	t address)			
New Registered Office Address:			, Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing I	Registered Agent:				
hereby accept the appointment as registered agen		th and accept the	obligations	of the position.	

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.

Example: X Change	<u>PT</u>	John Do	o <u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	the second of th
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(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 / 25 2015	
Signature	
(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)	
Anthony R Meurer	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	