P0200024846

| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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13 NOV -6 PH 3: 02

WOV 12 2013 T. CARTER

COVER LETTER

TO: Amendment Section

| Division of Corpo | orations | | |
|--------------------------|-----------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| NAME OF CORPOR | ration: <u>SPEC/A</u> | LTY PAIN | ING INC. |
| DOCUMENT NUME | BER: | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | BARBARA | MAHUNIK | NG INC |
| | | Name of Contact Person | 1 |
| | SPECIAL | TY PAINTI | NG INC |
| | | Firm/ Company | • |
| | 1302 LAC | UNIA ST | |
| | | Address | |
| | SEBASTIAN | , FL, 32 | <u>1958</u> |
| | | City/ State and Zip Code | e |
| For further information | Specialty E-mail address: (to be us | | 060 g mail.com notification) |
| roi ididici illorilladoi | reonceining uns matter, preas | se cait. | |
| | | at (|) |
| Name o | of Contact Person | Area Co |)de & Daytime Telephone Number |
| Enclosed is a check fo | r 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) |
| Mai | ling Address | Street | Address |
| | endment Section | | Iment Section |
| Divi | sion of Corporations | Divisio | on of Corporations |
| P.O. | Box 6327 | | Building |
| Tails | ahassee, FL 32314 | 2661 E | Executive Center Circle |

Tallahassee, FL 32301

FILED
SECRETARY OF STATE
TALL APPLICATE ORIDA

Articles of Amendment to Articles of Incorporation

13 NOV -6 PM 3: 02

| (Name of Corporation as currently filed with the Florida Dept. of State) P02000024846 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent (Florida street address) | Specialty Painting Inc. | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|
| (Document Number of Corporation (if known) ursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) is Articles of Incorporation: If amending name, enter the new name of the corporation: The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp., "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the rord "chartered," "professional association," or the abbreviation "P.A." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) 6. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 7. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent | | rida Dept. of State) |
| A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS] C. Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX] D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent | | cnown) |
| The new ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent | | lorida Profit Corporation adopts the following amendment(s) to |
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| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent | Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co | o". A professional corporation name must contain the |
| (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent | | |
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| If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent | | |
| new registered agent and/or the new registered office address: Name of New Registered Agent | (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | |
| new registered agent and/or the new registered office address: Name of New Registered Agent | | |
| new registered agent and/or the new registered office address: Name of New Registered Agent | If amonding the registered agent and/or registered office address | er in Florido, enter the name of the |
| | | so in Florida, enter the name of the |
| (Florida street address) | Name of New Registered Agent | |
| | (Florida stree | et address) |
| New Registered Office Address:, Florida | New Registered Office Address: | . Ftorida |
| (City) (Zip Code) | | |
| New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing | hereby accept the appointment as registered agent. I am familiar wi | <u> </u> |

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 <math>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 Doe | |
|----------------------------|--------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | | | |
| Add Remove | | | |
| 2) Change | | | |
| Add Remove | | | |
| 3) Change | | | |
| Add Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add Remove | | | |

| . If amending or adding additional Article (Attach additional sheets, if necessary). | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
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| | |
| . If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| lack R Will - 10% | |
| Barbara Mahunik - | |
| loseph Brazill | |
| Patrick Brazill | |
| | |
| | |
| | |

| The date of each amendment(s) adoption: 11/4/13 | , if other than the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| date this document was signed. | _ |
| Effective date if applicable: 11/4/13 | _ |
| (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_11/4/13 | |
| Signature Barbara Mahunik Barbara Mahunik | _ |
| (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) | |
| Barbara Mahunik | |
| (Typed or printed name of person signing) | • |
| President | _ |
| (Title of person signing) | |