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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations					
NAME OF CORPO	Sky Coating Inc., DRATION:					
	P02000060362		· · · · · · · · · · · · · · · · · · ·			
DOCUMENT NUM	IBER:					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Kelly Silva					
	Name of Contact Person					
	Sky Coating Inc.,					
	Firm/ Company					
	115 NW 8th 8t.					
		Address				
	Boynton Beach, FL 33426					
		City/ State and Zip Cod	е			
info	@skycoating.net					
-	E-mail address: (to be u	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Kelly Silva		561 at (	370-9480			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check f	for the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43,75 Filing Fee &	□\$43.75 Filing Fee &	□\$52,50 Filing Fee			
	Certificate of Status	Certified Copy	Certificate of Status			
		(Additional copy is enclosed)	Certified Copy (Additional Copy			
			is enclosed)			
	ailing Address		Address			
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

of

	Y IBRU WILL DIE ENDEMIA LÆDE OF SERE!
Р02000000362	y filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a staticles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NeA	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
	N/A
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
N/A	<u>-</u>
Name of New Registered Agent	
<u>-</u>	
(Florida stra N/A	ect address)
New Registered Office Address:	Florida
	(City) (Zip Code)
	<b></b> -
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar v	
A.//A	
N/A	egistered 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: $\underline{X}$ Change	<u>PT</u>	John Doc	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Domove			

(Attach additional sheets, if necessary). (Be specific) ilvana DeOliveira is now a 10% owner of Sky Coating Inc.,					
	·				
<del> </del>					
lf an amendment provides for an exchange, reclassification, or car	ncellation of issued shares.				
provisions for implementing the amendment if not contained in the	ncellation of issued shares, he amendment itself:				
If an amendment provides for an exchange, reclassification, or car provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	ncellation of issued shares, he amendment itself:				
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provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	ncellation of issued shares. he amendment itself:				

···			<del></del> -
	ption:	<u>.                                    </u>	, if other than the
date this document was signed.			
Effective date if applicable:			
<u></u>	(no more than 90) days ay	fter amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department		autory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopt by the shareholders was/were suffi		of votes cast for the amendment(s)	
☐ The amendment(s) was/were appromust be separately provided for ed	wed by the shareholders through voti uch voting group entitled to vote sept		
"The number of votes cast fo	r the amendment(s) was/were sufficient	ent for approval	
bv	(voting group)		
·	(voting group)		
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without share	cholder action and shareholder	
7/7/ <b>17</b>			
Dated			
	& Dan		
Signature	was a maid and an ather a Officer if it	insutary or officers have not been	
	ector president or other officer – if d by an incorporator – if in the hands o		
	fiduciary by that fiduciary)		
j	ose Silva		
_	(Typed or printed name of	person signing)	<u> </u>
I	resident		
_	(Title of persor	n signing)	

