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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: CHRIS'S PAINTING, INC.

POBOOOGIG8A The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person BOOKKEEPING SERVICE BY VICKI INC. 6990 82 nd AJE. N.
Address PINELLAS PARK, FL 33781

City/ State and Zip Code TAXPROTO SHOTMAIL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐\$43.75 Filing Fee & □\$52.50 Filing Fee **\$\$**\$43.75 Filing Fee & ☐ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| CHRIS | S'S PAINTIN | IG, INC. | |
|---|---------------------------------|---|------------------------------|
| (Name of Con | rporation as currently | y filed with the Florida Dept. of St | <u>ate</u>) |
| F | 03000616 | <u> </u> | · <u> </u> |
| | (Document Number of | f Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this | Florida Profit Corporation adopts th | ne following amendment(s) to |
| A. If amending name, enter the new name of | of the corporation: | | |
| UNIQUE 8 | EPOXY FLO | ORS, INC. | The new |
| name must be distinguishable and contain the w"Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the | " "Inc," or "Co". A | company," or "incorporated" or the a 1 professional corporation name m | abbreviation "Corp.," |
| B. Enter new principal office address, if ap (Principal office address MUST BE A STREE | | _ N A | |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) D. If amending the registered agent and/or new registered agent and/or the new reg | (CE BOX) registered office addi | ress in Florida, enter the name of t | 2024 SEP -4 AM I |
| Name of New Registered Agent | | | |
| | (Florida str | reet address) | - 5 5 55 |
| | NIIA | , Flori | do |
| New Registered Office Address: |) | (City) | (Zip Code) |
| New Registered Agent's Signature, if chang I hereby accept the appointment as registered | agent. I am familiar v | : with and accept the obligations of the legistered Agent, if changing | ? position. |
| Check if applicable ☐ The amendment(s) is/are being filed pursua | ant 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)

Example:

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 | PT | John Do | <u>ne</u> | | | |
|----------------------------|--------------|-------------|--------------|-----|-------------|-----------------|
| X Remove | <u>V</u> | Mike Jo | one <u>s</u> | | | |
| X Add | <u>sv</u> | Sally Su | <u>nith</u> | | | |
| Type of Action (Check One) | <u>Title</u> | | Name | | | <u>Addres</u> s |
| 1) Change | | | | NIA | | |
| Add | | | | | | |
| Remove | | | | | | |
| 2) Change | | _ | | | | |
| Add | | | | | | |
| Remove 3) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
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| 6) Change | | | <u> </u> | | | |
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| n amendment provides for an one ovisions for implementing the | exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A | amendment if not contained in the amendment itself: | |
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| | ach amendment(s) a ment was signed. | doption: NA | , if other than the |
|----------------------------|---|---|---|
| | - | ~ I A | |
| Effective date | e <u>if applicable</u> : | (no more than 90 days after amendment | t file date) |
| Note: If the document's el | date inserted in this lifective date on the D | plock does not meet the applicable statutory filing recepartment of State's records. | quirements, this date will not be listed as t |
| Adoption of a | Amendment(s) | (CHECK ONE) | |
| | lment(s) was/were ad not required. | opted by the incorporators, or board of directors witho | out shareholder action and shareholder |
| ☐ The amend | lment(s) was/were ad reholders was/were s | opted by the shareholders. The number of votes east fufficient for approval. | for the amendment(s) |
| must be se | parately provided fo | proved by the shareholders through voting groups. The each voting group entitled to vote separately on the act for the amendment(s) was/were sufficient for approve | amendment(s): |
| by _ | | (voting group) | _," |
| · | | (voting group) | |
| | Dated Signature | 30/24 | |
| | (By a c | director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trated fiduciary by that fiduciary) | cers have not been rustee, or other court |
| | | MAHLAH ROWLES | , |
| | | (Typed or printed name of person signing | |
| | | PRESIDENT | |
| | | (Title of person signing) | |

COVER LETTER

TO: Amendment Section

| Division of Corpor | rations | | | | | |
|--|---|--|--|--|--|--|
| NAME OF CORPOR | ATION: CHRIS | S PAINTIN | G, INC. | | | |
| DOCUMENT NUMB | ER: P03000 | 561689 | | | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | | | |
| Please return all corresp | oondence concerning this ma | tter to the following: | | | | |
| - | Name of Contact Person | | | | | |
| - | BOOKKEEPING SERVICE BY VICKI INC. | | | | | |
| | Firm/ Company | | | | | |
| - | 6990 | 82 nd AJE. N. Address | ······································ | | | |
| | | | | | | |
| - | PINELLAS PARK, FL 33781 City/ State and Zip Code | | | | | |
| | | City/ State and Zip Code | | | | |
| - | TAXPROTØ @ HOTMAIL. COM E-mail address: (to be used for future annual report notification) | | | | | |
| For further information | concerning this matter, pleas | se call: | | | | |
| MICHA | EL FLESHER | at (727 | 546-3797 | | | |
| Name o | f Contact Person | Area Co | 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 | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |