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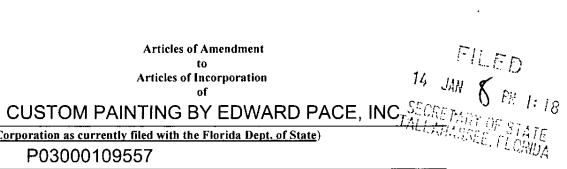
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JAN 14 2014

R. WHITE

COVER LETTER

NAME OF CORPORAT	ION: CUSTOM F	PAINTING BY ED	WARD PACE, INC.			
DOCUMENT NUMBER	P0300010	9557				
The enclosed Articles of A		abmitted for filing.				
Please return all correspon	dence concerning this ma	atter to the following:				
. Touse Totalit all Correspon	_	-				
	DON	MENIC H. CALIC				
_	200000000000000000000000000000000000000	Name of Contact Person	•			
<u> </u>	PROFESSIONA		G SERVICE, INC			
	1500 D	Firm/ Company	חם אב			
	1520 BOTTLEBRUSH DR. NE					
	PA	LM BAY, FL 3	2905			
		City/ State and Zip Cod				
	E-mail address: (to be u	sed for future annual report	notification)			
			,			
For further information cor	ncerning this matter, plea	se call:				
	<u>-</u>	at (de & Daytime Telephone Number			
Name of Co	ontact 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	□\$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			
	ent Section of Corporations	Amendment Section Division of Corporations				
P.O. Box	•		on of Corporations Building			
	see, FL 32314		executive Center Circle			
			assee, FL 32301			



(Name of Corporation as currently filed with the Florida Dept. of State)

P03000109557

(Docume)	nt Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation a	dopts the following amendmen
A. If amending name, enter the new n	ame of the corporation:		
VIII			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co".	A professional corpor	orated" or the abbreviation ation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
	_		
	_		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)			
D. If amending the registered agent an	— d/or registered office address i	n Florida, enter the nai	ne of the
new registered agent and/or the nev		in a row and a cite and	ne oz (ne
Name of New Registered Agent			-
	309 WELLWOOD	ST. SW	_
	(Florida street ac	•	
New Registered Office Address:	PALM BAY	, Florida	32908
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		and accept the obligation	s of the position.
	A		-
Si	gnature of New Registered Agent	t, 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 <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 Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	<u>ones</u>		
<u>X</u> Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name		Address
1) Change	VP		MARGIE M. PACE		309 WELLWOOD ST. SW
Add				[PALM BAY
Remove				f -	FL 32908
2) Change	Р	···	EDWARD PACE		309 WELLWOOD ST. SW
Add				1	PALM BAY
Remove				<u> </u>	FL 32908
3) Change					
Add				_	
Remove				-	
4) Change		_			
Add				_	
Remove				_	
5) Change					
Add					
Remove				_	
6) Change					
Add					
Remove				_	

amending or adding additional Artic ttach additional sheets, if necessary).	(Be specific)	ar.	
			<u>.</u>
	· · · · · · · · · · · · · · · · · · ·		—
	··		
			•
an amendment provides for an excha	nge, reclassification, or	cancellation of issued shares	.
rovisions for implementing the amen	dment if not contained i	in the amendment itself:	-
(if not applicable, indicate N/A)			
		<u></u>	
		····	

The date of each amendment(s) adoption	: JANUARY 6, 2014	, 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 by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the 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 action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated JANUARY 6	, 2014	
Signature Ella	nd DPace	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	EDWARD PACE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	