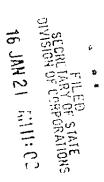
## P03000128626

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: PAINTERS FIRST	INCORPORATED	
DOCUMENT NUMB	ER: P03000128626		
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	PATRICK or CYNTHIA E F	PERRY	
<u>.</u>	·····	Name of Contact Person	1
1	PAINTERS FIRST INCORP	ORATED	
•		Firm/ Company	
	8374 CALLE MIO		
-		Address	
;	NAVARRE, FL 32566		
-		City/ State and Zip Cod	e
For further information	concerning this matter, pleas	sed for future annual report	
CYNTHIA E PERRY		at ( 850	939-0729
Name o	f 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

6 M2 Tillic

## Articles of Amendment to Articles of Incorporation of



## PAINTERS FIRST INCORPORATED

ţ

(Name o	f Corporation as curren	tly filed with the Florida Dept. of State)
P03000128626		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:	The new
	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:		N/A
Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
D. If amending the registered agent an	d/on perintened office od	duess in Elouida, anteu the name of the
new registered agent and/or the new		
Name of New Registered Agent	N/A	
	451	
	N/A	street address)
New Registered Office Address:		, Florida
	•	(City) (Zip Code)
N 70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
New Registered Agent's Signature, if cl hereby accept the appointment as regist		nt: r with and accept the obligations of the position.
	<b>JJJ</b>	, , , , , , , , , , , , , , , ,
	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 <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.

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	V	PERRY, MELINDA L	8374 CALLE MIO
X Add			NAVARRE, FL 32566
Remove			
2) Change	v	PERRY, HOUSTON A	8374 CALLE MIO
Add		_	NAVARRE, FL 32566
X Remove			-
3) Change	V	RAMOS, ISAIAH C	8664 RIO VISTA DR
Add			NAVARRE, FL 32566
X Remove			
4) Change			
Add			
Remove			
5)Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

(, 9	(Be specific)
1	
100	
If an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:  AH C RAMOS TO MELINDA L PERRY.
provisions for implementing the ame (if not applicable, indicate N/A) RANSFER TEN SHARES FROM ISAL	endment if not contained in the amendment itself:  AH C RAMOS TO MELINDA L PERRY.
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	01/13/2016	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	1/13/2016	
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirem Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the sufficient for approval.	amendment(s)
	approved by the shareholders through voting groups. The follofor each voting group entitled to vote separately on the amend	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by <u>N/A</u>	39	
·/	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	areholder
01/13/20 Dated	016	
Signature(By	Adjusting & Personal directors or officers ha	
	eted, by an incorporator — if in the hands of a receiver, trustee, winted fiduciary by that fiduciary)	or other court
	CYNTHIA E PERRY	
	(Typed or printed name of person signing)	
	DVS	
	(Title of person signing)	

