# P03000141972

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DIVISION OF CURRON ALIGN

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#### **COYER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAREFOOT	PAINTING OF THE LOWER KEYS	S, INC.	
DOCUMENT NUMBER: P030001419			
The enclosed Articles of Amendment and fee are s			
Please return all correspondence concerning this m	latter to the following:		
RONALD A BARKER			
	Name of Contact Person		
BARKER SERV	ICES, INC.		
<del></del>	Firm/ Company		
3 ARBUTUS DR	3 ARBUTUS DRIVE		
	Address		
KEY WEST FL	33040		
	City/ State and Zip Code		
DAD74.444.@	·		
RAB71441@aol.cor			
E-mail address: (to be t	used for future annual report notification)		
For further information concerning this matter, plea	ase call:		
,,			
RONALD A BARKER	<sub>at (</sub> 305 <sub>)</sub> 295-0580	)	
Name of Contact Person	Area Code & Daytime Teler	hone Number	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  ☐\$52.50 Filing Fee & Certificate of S Certified Copy (Additional Copy is enclosed)	tatus	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		
Tallahassee FL 32314	2661 Executive Center Cir	cle	

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation



## BAREFOOT PAINTING OF THE LOWER KEYS, INC.

15 FEB 10 AM 10: 16

(Name of Corporation as currently filed with the Flo	orida Dept. of State)	
P03000141972		
(Document Number of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: BAREFOOT PAINTING O.T.L.K., INC.		_The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must c	obreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  N/A	ss in Florida, enter the name of the	
(Florida stree	et address)	
New Registered Office Address: (City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar wi  Signature of New Registered Agent		

### 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: 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>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)  N/A

DRPORATION: The date of each amendment(s) adoption: \_ , if other than the date this document was signed. 15 FEB 10 AM 10: 16 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 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 (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\_02/05/2015 Signature (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)

**ROBERT S ALLEN** 

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)