## 10300146929

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-L	JP WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status

Special Instructions to Filing Officer:

Office Use Only



000139156570

09 FEB 24 PH 1:49
SECRETARY OF STATE
ALLAHASSEE, FLORIDA



NC & AMEND

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Color Conc	epts Painting Inc
DOCUMENT NUMBER: P 0 3 000 14	6929
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Color Concepts  (Name of Cont  (Name of Cont  (Firm/ Con  (Firm/ C	Painting Inc mpany) Blvd. Le Lane ess) 32118 De march 8
For further information concerning this matter, please	e call:
(Name of Contact Person)  Enclosed is a check for the following amount made p	at ( 401 ) 970 9297  (Area Code & Daytime Telephone Number)
S33 Filing For Status  Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee Confided Copy Certificate of Status (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

December 2, 2008

COLOR CONCEPTS PAINTING, INC. 6613 MERRYVALE LANE PORT ORANGE, FL 32128

SUBJECT: COLOR CONCEPTS PAINTING, INC.

Ref. Number: P03000146929

This is to advise you that on December 5, 2003, we filed your corporation under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your corporation to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6924.

Sincerely,

Stacy Prather

Document Specialist Supervisor

New Filing Section Letter Number: 408A00058901

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida
32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM
7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST
ENTER SELECTION AND CR:

## **Articles of Amendment**

to Articles of Incorpo of	oration FE
Color Concepts Paint	MG INC the Florida Dept. of State)
(Document Number of Corpora	tion (if known)
Pursuant to the provisions of section 607.1006, Florida Statufollowing amendment(s) to its Articles of Incorporation:	ates, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation  Color Concepts Painte  The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Comparison of the composition of the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	e Jord "corporation," "company," or or the designation "Corp," "Inc," or
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same.
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad Name of New Registered Agent:	
	rida street address)
	, Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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:				
removed a (Attach ad	and title, name, and address of e ditional sheets, if necessary)	ach Officer and/or Director being added:	N/A	
(3111401144	amonal sneets, g necessary)			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			☐ Add	
			Remove	
			_	
	•		□ Add	
	-		Remove	
			<del>-</del>	
			⊏h жаа	
			_ 🗖 Add 🗖 Remove	
			_ a Kemove	
			_	
<u>provis</u>	nmendment provides for an exclusions for implementing the amer not applicable, indicate N/A)	hange, reclassification, or cancellation of is adment if not contained in the amendment	itself: N/A	
<u>provis</u>	sions for implementing the amer	hange, reclassification, or cancellation of is adment if not contained in the amendment		
<u>provis</u>	sions for implementing the amer	hange, reclassification, or cancellation of is induced in the amendment		
<u>provis</u>	sions for implementing the amer	hange, reclassification, or cancellation of is adment if not contained in the amendment		
<u>provis</u>	sions for implementing the amer	hange, reclassification, or cancellation of is nament if not contained in the amendment		

	e date of each amendment(s) adoption:
Th	e date of each amendment(s) adoption:
Efi	ective date if applicable: Fub 5, 2009
	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
X	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
	by"  (voting group)
	(voling 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 Feb 5, 2009
	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)
	Mark Humphrey
	(Typed or printed name of person signing)
	(Title of person signing)