Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	Doing so will get	nei	rate another cover sheet.			<b>`</b>
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	Division of Con	ξĐ,	oratione			r
	Fax Number	:	(850)617-6380		_rj	•
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From:					ور و سند	-
	Account Name	:	CONTRACTORS REPORTING	SERVICE	S IN	C
	Account Number	:	120050000099		40 n	۲
	Phone	:	(813) 932-5244	<b>1</b> 6	57- 11.	J
	Fax Number	:	(813) 932-3782	4		

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jason@activatemylicense.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN M&M PAINTING SERVICE, INC

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August 23, 2012

FLORIDA DEPARTMENT OF STATE Division of Corporations

M&M PAINTING SERVICE, INC 302 CINDY LANE BRANDON, FL 33510US

SUBJECT: M&M PAINTING SERVICE, INC

REF: P04000035575

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H12000211552 Letter Number: 512A00021693

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DEPARTICAL OF STATE
PALLANASSEF FLORIDA

## **COVER LETTER**

(((H12000211552 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION:	M&M PAINTING SERVICE, INC	
DOCUMENT NU	MBER:	P04000035575	
The enclosed Artic	cles of Amendment and fee	re submitted for filing.	
Please return all co	orrespondence concerning th	s matter to the following:	
	J	ason D Morlaes	
	1	Jame of Contact Person	
	CONTRACTORS	REPORTING SERVICE, INC	
		Firm/ Company	
	1379	5 N Nebraska Ave	
		Address	
		ampa, FL 33613	
		ity/ State and Zip Code	
	jason@act: E-mail address: (to be use	vatemylicense.com d for future annual report notification)	
For further inform	ation concerning this matter	please call:	
	on D. Norales	at (813) 932-5244	
Name	e of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount t	nade payable to the Florida Department of State:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy	itus
<u>Mailing A</u> Amendmer		Street Address Amendment Section	
	f Corporations	Division of Corporations	
P.O. Box 6		Clifton Building	
Tallahassee	e, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

## **Articles of Amendment**

(((H12000211552 3)))

## **Articles of Incorporation**

 $\mathbf{of}$ 

M&M	PAINTING	SERVICE,	INC
(Name of Corporation	as currently	filed with the	Florida Dept. of State)
	P04000	035575	
(Docu	ment Number o	of Cornoration	(if known)

Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation adopts	the follow
A. If amending name, enter the new name of t	he corporation:		
			he new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	lesignation "Corp," "In	c," or "Co". A professional corp	or the coration
B. Enter new principal office address, if appli	cable:		14 E
(Principal office address MUST BE A STREET		140-	65
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)  D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address	in Florida, enter the name of the	AUG 24 AH ID: 35
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street	address)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent: ent. I am familiar with	and accept the obligations of the po	osition.
Six	gnature of New Register	ed Agent, if changing	

Page 1 of 3

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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:

(Attack additional shares if we are sent) (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	MANUEL FERNANDEZ	635 GORNTO LAKE RD	<b>≨</b> Add
		BRANDON, FL 33510	Remove
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
		<del></del>	Remove
	•		
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
F. If an ar	mendment provides for an exchang	e, reclassification, or cancellation of issue	d shares,
		ent if not contained in the amendment itse	<u>lf:</u>
(ij n	oot applicable, indicate N/A)		
			<u></u>
			<del></del>

	24/2012 1:53 PM FROM: Fax Microsoft TO: 18506176380 PAGE: 006 OF 006
'ha data af aach amandma	nt(s) adoption: 8/23/2012 ((H12000211552 )
ne date of each amendine	(date of adoption is required)
ffective date <u>if applicable</u> :	:
	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	es cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/w action was not required.	vere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/w action was not required.	vere adopted by the incorporators without shareholder action and shareholder
Dated	8/23/2012
Signature	MEA
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	MANUEL FERNANDEZ JR
	(Typed or printed name of person signing)
	P/s
	(Title of person signing)
	•

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