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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section

:

Division of Corporations				
NAME OF CORPORATION: STALLION FAUY PAINTING INC. DOCUMENT NUMBER: POTOOLGZ717				
DOCUMENT NUMBER: POTOOOLOZ717				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
FRANK ZANGARI Name of Contact Person STALLION TOTAL PAINTING Firm/ Company 2094 Holiday Lang Address Address NAPLES FI 34104 City/ State and Zip Code STALLION TOTAL PAINTING & YALLOW, COM. E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
FRANK ZANCARI at (239) 7777568 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment

to

Articles of Incorporation of

STALLION FAUX PAINTING INC (Name of Corporation as current PO40010 2717	+
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P04000102717	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
D. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	. Florida
Hew Registered Office Address.	(City) (Zip Code)
	2011 SEC TALL
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
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 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:	ve, ana sany sm	ann, 57 as an Aca.	
Example: X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	$\underline{V} = \underline{Mil}$	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		Joseph B LOFTUS	787, 110Th. AUE. N
X Add			NAPLES FL.
Remove			34108-1978
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	<u> </u>	
<u> </u>		
If an amendment provides for an excl	ange, reclassification, or cancel	lation of issued shares,
provisions for implementing the ame	idment if not contained in the a	mendment itself:
(if not applicable, indicate N/A)		
_ 		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 6-1-18 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	rni
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	श
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6-12-18.	
Signature FRANK ZANGARI	
(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 courappointed fiduciary by that fiduciary)	
FRANK ZANGARI (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
MESIDIENT (Title of person signing)	
(Title of person signing)	