## P04000124854

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L-CREILARY OF STATE
PALLAHASSEE, FLORING

COVER LETT	K R

TO: Amendment Section Division of Corporations	ALL AND SEE. OF THE SEE.
NAME OF CORPORATION: Mr.	Minoow Tinting BE
DOCUMENT NUMBER: P 04000	0124854
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John C (Name of Co	HARNECO ntact Person)
Mr. Window (Firm/C	Tinting ompany)
Ç.12-1	ress) et Cie. Apr. # 163
Coconlut CREEK (City/ State/	FL . 33073
For further information concerning this matter, plea	se call:
Name of Contact Person)	at ( 954) 973 - 8009 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment  to Articles of Incorporation  of  Window Tinting  (Name of corporation as currently filed with the Florida Dept. of State)
P04000124854
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)  THIS IS TO CHANGE THE REGISTERED AGENT.
I HEREBY Accept DESIGNATION OF REGISTERS AGENT AND WILL TAKE SOLE, RESPONSIBILITY
of the coepoention. In Cham
THE PRESIDENT HAS BEEN CHANGED,
the New President is John CHARNECO.
CORPORATION will HAVE A NEW HADRESS
4/63 coral tree cir. # 163 coconut creek, FL. 33073  (Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: 10-6-04
Effective date if applicable: 10 - 6 - 0 4 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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)
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>
Signed this 6th day of Ochser, 2004.  Signature Alla Chum
(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)
Toky Charveco (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointmentas registered agent and agree to actin this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agenti

iDate)