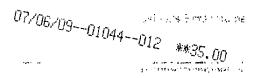
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status : c
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SECRETARY OF STATE
TALLAHASSEF, FI OBIN

Amend

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2009

LAMAR CHAPMAN CHAPMAN PAINTING SERVICES, INC. 3416 KILMARNOCK DR APOPKA, FL 32712

SUBJECT: CHAPMAN PAINTING SERVICES, INC.

Ref. Number: P04000171559

We have received your document for CHAPMAN PAINTING SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 209A00023543



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Chapman Painting Selving Inc
DOCUMENT NUMBER: AU 400/7/559
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
R. Lamar Charman Name of Contact Person
Chapman Painting Services, Inc
3416 Kilmarnock Dr.
Afrika FL 32712 City/ State and Zip Code
Chapman faint, a Jahoo. Com E-mail address: (to be used for future angual report polification)
For further information concerning this matter, please call: Elaine Ray at (40) & Elystope
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Incorporation Of (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folloamendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Articles of Amendment	~,
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C. Enter new mailing address, if applicable:	abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p B. Enter new principal office address, if a (Principal office address MUST BE A STRE	the designation "Corp," "Inc," or "Corporessional association," or the abbre pplicable: EET ADDRESS A PO D K	y," or "incorporated" or the o". A professional corporation eviation "P.A." Kilmarker (a. FL
(Mailing address MAY BE A POST OFFICE BOX) A SO SKG FL 3 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(Mailing address MAY BE A POST OF) D. If amending the registered agent and/o	FICE BOX) 3 4 16 K A 4 0 1 K or registered office address in Florida	of L
new registered agent and/or the new registered office address:	new registered agent and/or the new re	egistered office address:	
Name of New Registered Agent:	Name of New Registered Agent:		
New Registered Office Address: (Florida street address)	New Registered Office Address:	(Florida street address)	
		(City)	
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		d agent. I am familiar with and accept	

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) **Title** <u>Name</u> Address Type of Action Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	
	(date of adoption is required)
Effective date if applicable:	, ,
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	1/13/09 Dd A
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Little of person signing)