PO5000008324

(Requ	uestor's Name)		
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Busi	ness Entity Nan	ne)	
(Doct	ıment Number)		
Certified Copies Certificates of Status			
Consist Instructions to Fi	line Officer		
Special Instructions to Fi	ang Officer;		

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: M.D.I. Painting Inc	D	0.
DOCUMENT I	NUMBER: P05000008324	· _ · · · · · · · · · · · · · · · · · ·	· January
The enclosed A	rticles of Amendment and fee are	submitted for filing.	
Please return all	correspondence concerning this r	natter to the following:	
D	ennis Hill		
_	(Name of (Contact Person)	<u> </u>
М	.D.I. Painting Inc.		
_	(Firm/	Company)	
18	311 Englewood Road, Suite 262		Me = e
	(A	ddress)	
Er	nglewood, FL 34223	r a same a same	
	(City/ State	/ and Zip Code)	
For further info	rmation concerning this matter, pl	ease call:	
Dennis Hill	and the second s	at (941) 468-124	3
(N	ame of Contact Person)		ne Telephone Number)
Enclosed is a ch	eck for the following amount:		
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
7 I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations 409 E. Gaines Street	

Tallahassee, FL 32399

Tallahassee, FL 32314

Articles of Amendment	
to	
Articles of Incorporation	
of S	
of M.D.I. Painting Inc. (Name of corporation as currently filed with the Florida Dept. of State)	T
(Name of corporation as currently filed with the Florida Dept. of State)	·
(Traine of corporation as currently fried with the Florida Dept. of State)	m
P05000008324 FS	
(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)	
Amend Article II. ADDDECC CHANCE	
Amend Article II - ADDRESS CHANGE	•
New Principal Place of Business: 1811 Englewood Road, #262	
Englewood, FL 34223	,,
New Mailing Address: 1811 Englewood Road, #262	
Englewood, FL 34223	
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	2.02 - 7.1
(Attach additional pages if necessary)	**
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N	
N/A	· ,
And the second trade of the second of the se	****

(continued)

The date of each amendment(s) adoption: May 10, 2005
Effective date if applicable: May 10, 2005
(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)
☐ 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.
Signed this 26 day of May .2005.
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)
Dennis Hill
(Typed or printed name of person signing)
Director/President
(Title of person signing)

FILING FEE: \$35