# 70500066928

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#### **COVER LETTER**

Division of Corporations						
NAME OF CORPORATION: Brevard's Top Line Painting, Inc.  DOCUMENT NUMBER: PO 500066928						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Bruce Fisher Name of Contact Person						
Brevard's Top Line Painting, Whe.						
901 wellington 8t						
PAIN BAY FT 32908 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Bruce Fisher at 301,508 7569						
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:						
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)						

#### **Mailing Address**

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### **Articles of Amendment**

## to Articles of Incorporation

Aı Aı	1 1 71
	rticles of Incorporation
Brevard's Top line	Painting, Two 14 JUL -7 PH 12: 20
(Name of Corporation as currently file	d with the Florida Dept, of State)
<u> </u>	066928 MALLANASSEE, PLONGA
(Document Number of C	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida S s Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corp	poration:
	"corporation," "company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the ab	"Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	NA NESS)
Enter new mailing address, if applicable:	HU
(Mailing address MAY BE A POST OFFICE BOX)	
(Mauing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered	
. If amending the registered agent and/or registered new registered agent and/or the new registered of	
. If amending the registered agent and/or registered new registered agent and/or the new registered of	ffice address:

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: X Change	PT	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>	,	<u>Addres</u> s
1) X Change Add Remove	25		Bruce F	isher	901Wellington St PAlm BAY, FT 30ACE
2) Change  X Add  Remove	工	_	Brian	Fisher	PAIN BAY, FI 32908
Change Add Remove					
4) Change Add Remove		_			
5) Change Add Remove	<u></u>	<del></del>	<del></del>		
6) Change Add Remove		<del>_</del>	\$		· · · · · · · · · · · · · · · · · · ·

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)  NA	E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)			
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)	AN			
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(if not applicable, indicate N/A)	If an amendment provides for an exchange of a provisions for implementing the amer	nange, reclassification, or cancellation of issued shares,		
NA	(if not applicable, indicate N/A)	namenen not consumed in the amendment rocks.		
	NA			
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The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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)	
	(voting group)	
The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 7-2	-14	
Signature (2)	ne fish	
selected, b	etor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
	Bruce Fisher	
	(Typed or printed name of person signing)	
· • • • • • • • • • • • • • • • • • • •	President	
	(Title of person signing)	