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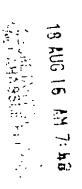
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Harvick Pros Pair	nting & Decorating, Inc.		
DOCUMENT NUM	BER:			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	David D Harvick			
		Name of Contact Person	1	
	Harvick Pros Painting & De	ecorating, Inc.		
		Firm/ Company		
	PO BOX 611292			
		Address		
	Rosemary Beach, FL 3246	51		
		City/ State and Zip Cod	c	
suza	anneharvick@yahoo.com		/	
	E-mail address: (to be us	sed for future annual report		
For further information	on concerning this matter, pleas	se call:		
David D Harvick		at (217-2820	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐S43.75 Filling Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address 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 of

to

Harvick Pros Painting & Decorating, Inc.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P05000141058	
(Document Numbe	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	<u> </u>
	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u>ov</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 AUG
(Stating datess SIAT BE A FOST OFFICE BOX)	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
(Florida	a street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	tent: iar with and accept the obligations of the position.
Signature of Ne	w 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 Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VP	Suzanne M Harvick	PO BOX 611292	
Add			Rosemary Beach, FL 32461	
X Remove				
2) Change	VP	Dustin Harvick	444 Montego Ave N	
× Add			Santa Rosa Beach, FL 32459	
Remove	-	lash a Cashan	CS Lakeview Dr	
3) Change	T ———	Joshua Cashatt	65 Lakeview Dr	
<u>x</u> Add			Santa Rosa Beach, FL 32459	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				

Attach addition	adding additional sheets, if necc	essary). (Be s	pecific)	<u></u>			
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	P						
						 	
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<u>fan amendme</u>	nt provides for	an exchange, i	reclassification	n, or cancellation	on of issued shar	res.	
if not ann	implementing licable, indicate	<u>tne amenamen</u> > N/4)	t ii not contai	neg in the amei	iditient fisch:		
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8	13 - 18
The date of each amendment(s) adoption:	. If Other dam life
8 -	3 - 18
Effective date if applicable:	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendate.	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONI	
☐ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	is through voting groups. The following statement ed to vote separately on the amendment(s):
"The number of votes east for the amendment(s) v	is/were sufficient for approval
by(voting group)	<u> </u>
(voting group)	
The amendment(s) was/were adopted by the board of d action was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	s without shareholder action and shareholder
	TAVID HARVICK or officer - if directors or officers have not been f in the hands of a receiver, trustee, or other court siciary)
(Typed or	inted name of person signing)
Р	RESIDENT
***	Title of person signing)