

P06000016464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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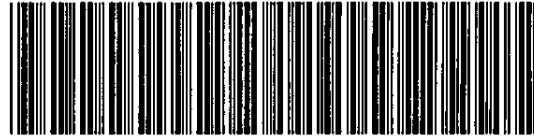
(Business Entity Name)

(Document Number)

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09/29/06--01025--014 **35.00

FILED
2006 OCT 12 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C. Cook **OCT 12 2006**

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AllStar Spray Textures Inc.

DOCUMENT NUMBER: P06000016464

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juanita Turner
(Name of Contact Person)

AllStar Spray Textures Inc.
(Firm/ Company)

1116 E. Minnesota Ave.
(Address)

Deland FL 32724
(City/ State and Zip Code)

For further information concerning this matter, please call:

Juanita Turner at (386) 216-4199
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2006

JUANITA TURNER
ALLSTAR SPRAY TEXTURES INC.
1116 E. MINNESOTA AVE.
DELAND, FL 32724

SUBJECT: ALLSTAR SPRAY TEXTURES INC.
Ref. Number: P06000016464

We have received your document for ALLSTAR SPRAY TEXTURES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have completed the second page of this application from the non profit statute. You need to complete the correct form I am enclosing with this letter and return all of this document for processing. You will also need to state the title of the officer you are adding since you are only saying that you are adding them as an officer.

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 850-245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 506A00058503

Articles of Amendment
to
Articles of Incorporation
of

Allstar Spray Textures Inc

(Name of corporation as currently filed with the Florida Dept. of State)

PO6000016464

(Document number of corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 OCT 12 AM 11:29

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* 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)**

Christopher Hooks needs to be
taken off as an officer, DIRECTOR.

Bonnie Cheves needs to be added
as an officer, DIRECTOR.

(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: 09-24-06

Effective date if applicable: _____
(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.

Signature

Juanita Turner
(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)

Juanita Turner
(Typed or printed name of person signing)

Vice President
(Title of person signing)

FILING FEE: \$35