(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	→ #)		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Manu Chas CC/CAS

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: <u>RESTORAT</u>	BEST PAINTING, WATERPROOFING,			
DOCUMENT NUMBER: P06000	026994			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this ma	tter to the following:			
Buy R	ROBLE JU			
/ Name o	of Contact Person			
	m/ Company			
16499 NE 19	Address Suite 106			
NORTH MIAMI BEACH City/St GUY CAMERICAS BEST E-mail address: (to be used for the	FL 33162ate and Zip Code			
E-mail address: (to be used for the	THAINTING. COM future annual report notification)			
For further information concerning this matter, pleas	se call:			
Gry Robleson Name of Contact Person	at (305) 216-0423 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	\$\begin{array}{c} \$43.75 \text{ Filing Fee & } & \$\$52.50 \text{ Filing Fee } & \$\$Certificate of Status } & \$Certificate of Status } & \$Certified Copy & \$\$(Additional Copy is enclosed)\$ & \$\$(A			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
•	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	794			
(Document Num	ber of Corporation	n (if known)		
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	6, Florida Statute	s, this <i>Florida Pr</i>	ofit Corporation ad	lopts the following
A. If amending name, enter the new name of	the corporation	<u>.</u>	•	
AMERICA'S BEST PAINTING AND name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	he word "corpo designation "Co	ration," "compar p," "Inc," or "C	ny," or "incorpora o". A professional	ited" or the
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		NA		TALLA 10 NO
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		NIA		ALLAHASSEE FLORIDA 10 NOV 19 AM 9: 23
D. If amending the registered agent and/or renew registered agent and/or the new regis			, enter the name of	the
Name of New Registered Agent:	MA			
New Registered Office Address:	(Florid	a street address)		
HEN REGISTER STITE AUDIESA.			. Florida	
ner negativita ville nauress.			, rioriua	

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
NIA			_
	ding or adding additional Articles, ento additional sheets, if necessary). (Be spe		
<u>provisi</u>	mendment provides for an exchange, reons for implementing the amendment in applicable, indicate N/A)		

The date of each amendment	(s) adoption:	NOVEMB	ER),	2010	
Effective date <u>if applicable</u> :	Novemi	(date of add 3 <i>6</i> 2 1 .	ption is req. 2010		<u> </u>
	(no more than 9	90 days after a	nendment fi	le date)	
Adoption of Amendment(s)	(<u>C</u> H	IECK ONE)			
The amendment(s) was/web by the shareholders was/web			The numbe	r of votes cast	for the amendment(s)
The amendment(s) was/wer must be separately provide					
"The number of votes	east for the amen	dment(s) was/	were sufficie	ent for approva	ıl
by				••	
	(voting group)				
The amendment(s) was/wer action was not required.					
The amendment(s) was/wer action was not required.	e adopted by the	incorporators	without shar	reholder action	and shareholder
Dated	OVEMBER.	18, 2010	<u>, </u>		
sele	a director, presidented, by an incorporated fiduciary	porator If in	he hands of	ectors or offic a receiver, tru	ers have not been stee, or other court
	Buy ;	R R o P	LEJU)	
	/ (Ty	ped or printed	name of per	son signing)	
	PRESID	ort			
		f person signin	g)		