P06000089913

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SECRETARY OF STAIL OF CORPORATION

DEC 6 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: N. Florida Quality Painting, Inc.					
DOCUMENT NUMBER: <u>PØ6 ØØΦØ 89913</u>					
The enclosed Articles of Amendment and fee are submitted for filing	j .				
Please return all correspondence concerning this matter to the following	ing:				
Michael Holton	tact Person				
N. Florida Quality	y Painting, Inc.				
4881 Frost Lake Or. JAXPL 32758					
JAY FL. 32258 City/State and					
City/ State and	d Zip Code				
north florida Quality Painting @ noncast. net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Michael Holton a(C					
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 \$\Bullet\$43.75 Filing Fee \$\Bullet\$Certificate of Status Certified Co (Additional cenclosed)	py Certificate of Status				
Mailing Address	Street Address				
Amendment Section Division of Corporations	Amendment Section Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

CILLED GEORETARY OF BIGG JPYESION OF CORESIANS

Articles of Amendment

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AL UGGS OF A	A HEARTH HEART	
to Articles of Inc		2016 DEC - 1 PM 2: 2
N. Florida Qualis	ty Painting	TAC.
(Name of Corporation as current	ly filed with the Florida Dept. of S	Xate)
$\overline{\mathcal{P}_{h}}$	6000089913	,
(Document Number o	f Corporation (if known)	,
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
MA		The new
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	'Co". A professional corporation	I" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	- MA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent \[\begin{array}{c} \begin{array}{		the
Hane of their hogisted early are		
(Florida st	reet address)	
	-	
New Registered Office Address: NIA	(City)	ida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of th	ne position.
Signature of New F	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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
_X Add	SV Sally	smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	TR	Jacob Matthew	4881 Frost Lake Dr.
X Add		Higginbothain	JAX 172. 32258
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)
NIA	
<u>MIII</u>	
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	ndment If not contained in the amendment itself:
(if not applicable, indicate N/A)	
Please add s	bacob Matthew Higginbotnam
5 100/	
15 1076 awn	repuib.

The date of each amendment(s) adoption:	11/28/16	ri, t Sluke TARY Division of co	il. 0} upor: <u>RENEAN other than the</u>
date this document was signed.		ባበነር ውሮር	BH 0.00
Effective date if applicable:	(no more than 90 days after	2016 DEC - I	rn 2: 20
	(no more than 50 days after	arianarian me datej	
Note: If the date inserted in this block does not document's effective date on the Department of		ory filing requirements, this date	will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)		
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of opproval.	votes cast for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the amen	dment(s) was/were sufficient	for approval	
by(vot		***	
(vot	ing group)		
☐ The amendment(s) was/were adopted by the laction was not required.	board of directors without sha	reholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareho	older action and shareholder	
Dated 11 28 10			
Signature <u> </u>	el Hatter		
(By a director, presi	dent or other officer - if dire	ctors or officers have not been	
appointed fiduciary		receiver, trustee, or other court	
<u> Mi</u>	chael Holt	<u>ര</u>	
(Typed or printed name of per	son signing)	
<u> </u>	rcsiacnt.		
	(Title of person sig	gning)	