P66000136254

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5/10/13

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	RATION: Direct Pain BER: P0600013625				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Manuel De Jesus	Alvarado			
		Name of Contact Person	1		
	Direct Painting In	C.			
		Firm/ Company			
	2160 Barry Dr				
		Address			
	Fort Myers FI 33907				
		City/ State and Zip Code	e		
info	©mydirectpainte E-mail address: (to be us	rs.com sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:	•		
Manuel Alvarado		_{at (} 239	, 462 6017		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee	☐\$43.75 Filing 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		Amend Divisio Clifton	Address ment Section n of Corporations Building		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

Direct Painting Inc.	2813 MAY -7 PM 4: 16
(Name of Corporation as currently filed with the	Florida Dent. of State)
P06000136254	SECALTARY, OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	2160 Barry Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Myers fl 33907
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
D. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	19:
Name of New Registered Agent	
	·
(Florida st	treet address)
New Registered Office Address:	, Florida
(City) (Zip Code)
New Registered Office Address: (City, New Registered Agent's Signature, if changing Registered Agent	(Zip Code)
I hereby accept the appointment as registered agent. I am familiar	
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 <math>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	<u>PT</u>	John Doe	•
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)ChangeAddRemove	5	Dunia Sanabria A	160 Barry Dr FOFF MYERS FL 33907
2) Change Add			
Remove 3) Change Add		.	
Remove 4) Change Add			
Remove 5) Change Add	***************************************		
Remove 6) Change Add			
Remove			

	if necessary).	cles, enter change (Be specific)			
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The date of each amendment(s) adoption: 5/3/2013
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement 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 Manuel	(voting group) President Pr
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	13/2013
Signature	a director, president or other officer – if directors or officers have not been
sele	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Manuel Alvarado
	(Typed or printed name of person signing)
	Tresident.
	(Title of person signing)