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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: SOUTHCOAST PAINTING INC Po-7000034544 DOCUMENT NUMBER: \_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DUSTIN PARAMILET

Name of Contact Person Firm/ Company 1736 NW 977 R. Address Scoost painting of comeast inct
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 823 -1513

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Name of Corporation as currently	filed with the Florida Dept. of State)	<del>_</del>		
Southcast Parring INC PO 7000 (Document Number of C		<u> </u>	<del></del>	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fo</i> its Articles of Incorporation:	lorida Profit Corporation adopts the fol	llowing ame	ndme	nt(s) to
A. If amending name, enter the new name of the corporation:				
SOWTH COKST PAINTING AND CONSTRU name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name	The the abbrev must contain	new iation in the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	STME			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	<u> </u>	19 APR 29	I II I
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:				
Name of New Registered Agent		FATE ORICA	AM (15: 19	
(Florida stree	address)			
New Registered Office Address:	, Florida			
	City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the pos	ition.		
Signature of New Rep	gistered Agent, if changing	<del>_</del>		

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: $\underline{X}$ Change	pΤ	John Doc	
X Remove	<u>V</u>	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			
Add			
Remove			APR 10
2) Change			SE SE 11
Add			$-\sigma$ - 1
Remove			IATE ORIDA
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
	<del></del>
	<del></del> -
(4-1 <sub>1-2</sub> -	
	<del>.,,</del>
	Fig
	<u> </u>
	AP 20 20 20 20 20 20 20 20 20 20 20 20 20
	- 224° N
	- 25 <b>o</b>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	AM III
(if not applicable, indicate N/A)	
	19 DA

The date of each amendment(s) adoption:	, if other th	han the
date this document was signed.		
Effective date if applicable:		
(no more than 90 days after amendment file date)		
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	ite will not be listed	l as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements the separately provided for each voting group entitled to vote separately on the amendment(s):	ent	
"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.	19 APR	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	R 29	<u>n</u>
Dated 4/24/20/9	OF STA	カフ
Signature	<u> </u>	
(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 could	rt	
appointed fiduciary by that fiduciary)		
$\sim$ 2		
DUSTIN PARKAMORE		
(Typed or printed name of person signing)		
President		
(Title of person signing)		