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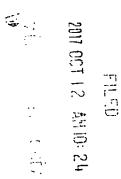
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C. GOLDEN

0CT 1 3 2017

COVER LETTER

Division of Corporations Elorida Decorating Construction, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: 108000 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment

	of	14
da	Decorating Construction	i. Inc.
	(Name of Corporation as currently filed with the Florida	Dept. of State)
\sim	08015¢	

Articles of A	mendment	20,
to Articles of Inc	cornoration	Ton Con Pilo
of		later le
Florida Decorating Cor	ostruction, I	LNC. (b.)
008000080158	y med with the Florida Dept.	(un state)
(Document Number o	f Corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIN		
name must be distinguishable and contain the word "corporatio	n " "company " or "incorno	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation '	Co". A professional corporal	tion name must contain the
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
		
•		
C. Enter new mailing address, if applicable:	NILY	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N_M	
) If amending the registered egent and/or registered effect that		0.1
 If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address 	ess in Florida, enter the name	e of the
Name of New Registered Agent NIA		
interest in the second		
(Florida str	eet address)	
	er daar (337	
New Registered Office Address:	(City)	Florida
ì	, <i>,</i>	(infr cont)
New Registered Agent's Signature, if changing Registered Agent		
hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations	of the position.
<u>NIA</u>	_	
Signature of New R	egistered 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.

Example: X Change	PT	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	_D	Darren F. Oliverio	2823 Deerfield St.
Add			Saint Cloud, F1 34772
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			-
Remove			

	eets, if necessary).	(Be specific)				
NIA						
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in amendment pr	rovides for an exch lementing the amer	ange, reclassific	ation, or cance	llation of issue	d shares,	
(if not applicab	le, indicate N/A)	idillent ii not co	ntained in the	amendment its	eir:	
uln						
7.1.7	-	-				_
					_	_
			_		-	_
						_

The date of each amendment(s) date this document was signed.	adoption:	, if other than
	10 0A 2017 . (no more than 90 days after amendment file date)	
	: (no more than 90 days after amendment file date)	-
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	ut(s)
☐ The amendment(s) was/were ap	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes eas	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were accaction was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated(C	Oct 2017 Mayner_	
Signature	MRayner_	
(By a select	director, president or other officer – if directors or officers have not bee ed, by an incorporator – if in the hands of a receiver, trustee, or other co nted fiduciary by that fiduciary)	n urt
	RANSOM Bruce RAYNUR (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Pres	
	(Title of person cigning)	