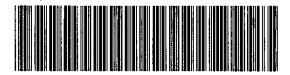
1080000097245

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700145510177

03/12/09--01010--018 **35.00

M

09 APR -1 PM 1:23

REPORTS ARROLD MILE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2009

ANTHONY DARPINO 5806 28TH ST E BRADENTON, FL 34203

SUBJECT: A & C SURFACING, INC

Ref. Number: P08000097245

We have received your document for A & C SURFACING, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate the name of your corporation in the space provided on the form.

If the corporation is a **PROFIT** corporation it must be signed 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 court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 609A00008829

2009 APR - 1 AM 8: 0: SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>A & C SUR</u>	FACING, INC	+
DOCUMENT NUMBER: P08000097	245	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	HONY DARPINO	
(Name o	f Contact Person)	
(Firr	n/ Company)	
·	• • • • • • • • • • • • • • • • • • • •	
. 58	06 28TH ST E	
·	(Address)	
	ENTON FL 34203	
(City/ Sta	ate and Zip Code)	
For further information concerning this matter, p	please call:	
LOUIS KAKOURIS	-4 (0/1) 752 1040	
(Name of Contact Person)	at (<u>941</u>) <u>752-1040</u> (Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount ma	ade payable to the Florida Departr	nent of State:
✓\$35 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	Street Address	,
Amendment Section	Amendment Section	•
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
•	Tallahassee, FL 32301	

Articles of Amendment

ndment FILED

Articles of Incorporation

09 APR -1 PM 1:23

SEGRETARY OF STATE TALEAHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) P08000097245 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

•		
THE SCRUB GUYS, INC.		
The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "I "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET).	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
D. If amending the registered agent and/or reg		enter the name of th
new registered agent and/or the new registe	ered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street 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 with and accept the obligations of the position.

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) Title Title <u>Name</u> Address Type of Action ☐ Add □ Remove ☐ Add ☐ Remove 🗖 Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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: (if not applicable, indicate N/A)

The	date of each amendmen	t(s) adoption: <u>03-06-2009</u>
Effe	ective date <u>if applicable</u> :	03-06-2009
•		(no more than 90 days after amendment file date)
Ado	option of Amendment(s)	(CHECK ONE)
		ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
		ere approved by the shareholders through voting groups. The following statement ed 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	
		(voting group)
	The amendment(s) was/weaction was not required.	ere adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	Dated_03-0	6-2009
	sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
		ANTHONY DARPINO
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)