## P0800011118

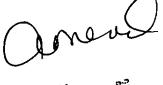
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Magnum Coatings,	, Inc.			
	BER: P08000111118				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Eric Gordon				
	Name of Contact Person				
	Magnum Coatings, Inc.				
	Firm/ Company				
	12108 Riverhills Drive				
		Address			
	Temple Terrace, FL 33617				
		City/ State and Zip Co	de		
eric(	@magnumcoatings.com				
	E-mail address: (to be us	sed for future annual repor	t notification)		
For further informati	on concerning this matter, pleas	se call:			
Eric Gordon		at (813	892-1573		
Name	of Contact Person	Агеа С	ode & Daytime Telephone Number		
Enclosed is a check if	or the following amount made	payable to the Florida Dep	partment 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

		•	- ما
(Name o	f Corporation as curren	tly filed with the Florida D	epthot shall - 5 PH 2: 31
08000111118		*	SECURET OF STATE
		of Corporation (if known)	TALL ANASSIE. I COMO
ursuant to the provisions of section 607.1 s Articles of Incorporation:	006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment
If amending name, enter the new na	me of the corporation:		
			The new
ame must be distinguishable and conto Corp.," "Inc.," or Co.," or the designo ord "chartered," "professional associat	ation "Corp," "Inc," or	"Co". A professional corp	rporated" or the abbreviation
Enter <u>new principal office address, i</u>	f annlicable:	NA	
Principal office address MUST BE A ST			
			<del> </del>
Enter new mailing address, if applic (Mailing address MAY BE A POST C		NA	
If amending the registered agent and			ame of the
new registered agent and/or the new		ss:	
	NIA		
Name of New Registered Agent	NA	<del></del>	
Name of New Registered Agent	NA		
Name of New Registered Agent		treet address)	
Name of New Registered Agent		treet address)	, Florida

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	S	Lorna L. Gnibus	12108 Riverhills Drive
X Add			Temple Terrace, FL 33617
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	lditional sheets, if necessary).	(Be specific)	<u>se(s) here</u> :			
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f an ame	endment provides for an excl	nange, reclassifica	ation, or cancellat	ion of issued sha	res,	
provision	ns for implementing the ame	nange, reclassificendment if not con	ation, or cancellat ntained in the am	ion of issued sha endment itself:	res,	
provision (if no	endment provides for an exclusion in the ame of applicable, indicate N/A)	nange, reclassific endment if not co	ation, or cancellat ntained in the am	ion of issued sha endment itself:	res,	
provision (if no	ns for implementing the ame	nange, reclassific endment if not co	ation, or cancellat ntained in the am	ion of issued sha endment itself:	res,	
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provision (if no	ns for implementing the ame	hange, reclassific	ation, or cancellat	ion of issued sha endment itself:	res,	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
<del>-</del> •	ovember 2, 2015	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	rill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) 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 ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Novemb Dated	per 2, 2015	
Signature	hui/su	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Eric Gordon	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	