P0900012363

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Colors R Us, Inc. The Painting Company

(321) 848-3322 www.colors-r-us.com

March 2, 2011

Tina Roberts
Regulatory Specialist II
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Subject: Colors R Us, Inc. Ref. Number: P 09000012363

Letter Number: 211A00004137

Ms. Roberts:

This is to return the document for the Articles of Amendment to the Articles of Incorporation of Colors R Us, Inc. I've enclosed a dated and signed copy of each amendment.

If there are further requirements, please let me know.

Respectfully,

S.E. Langfitt Chairman

Colors R Us, Inc.



February 17, 2011

STUART E. LANGFITT COLORS R US, INC. 61 COUNTRY CLUB RD COCOA BEACH, FL 32931

SUBJECT: COLORS R US, INC. Ref. Number: P09000012363

We have received your document for COLORS R US, 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):

The date of adoption of each amendment must be included in the document.

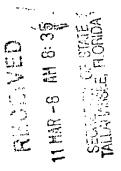
Stuart Erin Langfitt must sign document in the space below on the form.

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: 211A00004137



CUTER DELIER

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TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	Colors R Us, Inc.	<u> </u>
DOCUMENT NU	MBER:	12363	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	is matter to the following:	
_		Stuart E. Langfitt fame of Contact Person	
-		Colors R Us. Inc. Firm/ Company	
	61	. ,	
-	61	Country Club Rd. Address	
-		oa Beach, FL 32931 ity/ State and Zip Codc	
	<u>selar</u> E-mail address: (to be used	ng32cfl.rr.com d for future annual report notification)	
For further information	tion concerning this matter,	please call:	
	uart E. Langfitt of Contact Person	at (321)8 Area Code & Daytime Tel	48-3322 dephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depar	tment 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 Ad- Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e

Tallahassee, FL 32301

to

Articles of Incorporation of

Colors	s R Us, INc.	da Dept. of State MAR -8 PM 2:04
(Name of Corporation as curre	ntly filed with the Florid	TAR -8
	· 	2: 04
(Document Num	ber of Corporation (if kno	own) SECRETARY OF STATE FLORIDA Profit Corporation adopts the follow
suant to the provisions of section 607.1006 endment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Florida Profit Corporation adopts the follow
If amending name, enter the new name of	the corporation:	
		The new
ne must be distinguishable and contain to previation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "proj	designation "Corp," "In	c," or "Co". A professional corporation
Enter new principal office address, if appl incipal office address MUST BE A STREET		
merpu office unitess <u>most 1927 1811(22)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CF ROY)	
(Muning dualess MAT DEAT OF OTTE	<u></u>	
If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
THE TREE STATE OF THE TREE STATE OF THE STAT	(1)0	,
-	(City)	, Florida (Zip Code)
	(Chy)	(Zip Couc)
w Registered Agent's Signature, if changin		
reby accept the appointment as registered ag	gent. I am jamiliar with c	ina accept the obligations of the position.
	gnature of New Registere	

removed an (Attach addi	d title, name, and address of e tional sheets, if necessary)	each Officer and/or Director being added:	
<u>Title</u>	<u>Name</u>	Address	Type of Action
n <u>airman</u>	S. E. Langfitt	61 Country Club Rd. Cocoa Beach, FL 32931	☑ Add □ Remove
V.P	L <u>eoties D. Jordan</u>	1155 N. Courtney Blvd. Apt. D226 Merritt Island, Fl 32953	☐ Add ☐ Remove
<u>V.P.</u>	William M. Knox	1781 Mason Terrace Melbourne, FL 32953	☐ Add ☐ Remove
	ing or adding additional Artic ditional sheets, if necessary).		
provision		ange, reclassification, or cancellation of issudenest if not contained in the amendment its	
	,		

in adjusting the Officers angula procession enter the fire and name of each officer director being

RAGILLE	
	(date of adoption is required)
Effective date <u>if applicab</u>	(no more than 90 days after amendment file date)
•	(no more than 90 days after amenament fite date)
Adoption of Amendment	(S) (CHECK ONE)
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) as/were sufficient for approval.
	s/were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was action was not required	s/were adopted by the board of directors without shareholder action and shareholder d.
The amendment(s) was action was not required	s/were adopted by the incorporators without shareholder action and shareholder d.
Dated_ <u>2</u>	-14-11
Signatur	e
J	(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)
	Stuart Erin Langfitt
	(Typed or printed name of person signing)
	President
	(Title of person signing)