Pogodos 1717

(Re	equestor's Name)	
(Ād	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
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C. GOLDEN FEB 1 4 2019

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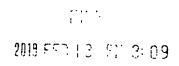
TO: Amendment Section Division of Corporations

•

TAME OF CORPOR	ASAP Painting & ATION:	Waterproofing Inc	
OCUMENT NUMBI	1/09000027717 E R :		
he enclosed Articles o	f Amendment and fee are so	abmitted for filing.	
lease return all corresp	ondence concerning this ma	atter to the following:	
	Soren Anniko		
_		Name of Contact Perso	n
ž	ASAP Painting & Waterproo		
_		Firm/ Company	·
8	3700 Front Beach Rd, #1311		
_		Address	
1	² anama City Beach, FL 3240	17	
_		City/ State and Zip Cod	le
sorenai	nniko@hotmail.com		
	E-mail address; (to be us	sed for future annual report	notification)
or further information	concerning this matter, pleas	se call:	
Soren Anniko		850 at t	6254265
Name of	Contact Person		
nclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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		Street	Address
			Iment Section
Amen Divisi P.O. J	dment Section	enclosed) <u>Street</u> Amend Division Cliftor	(Additional Copy is enclosed) Address

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ASAP Painting & Waterproofing Inc.

(<u>Name</u> Posxxxx27717	of Corporation as curren	utly filed with the Florida Dept. of State)
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:		is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
	uation "Corp," "Inc." or	The new ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the page 17.4."
		155 Fairview Rd
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		Alford, FL 32448
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		P.O. Box 18666
		Panama City, FL 32417-8666
		N
D. If amending the registered agent at new registered agent and/or the ne		
Name of New Registered Agent	Soren Anniko	
industry in the survey of the	155 Fairview Rd	
	(Florida)	street address)
New Registered Office Address:	Alford	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c Thereby accept the appointment as regis		nt: r 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)

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 = Cluef 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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	Pettinen, Toivo	400 Sandles Ln. #419
Add			Panama City, FL 32413
X Remove			
2) Change	CEO	Anniko, Irina	8700 Front Beach Rd, #1311
Add			Panama City Beach, FL 32407
X Remove			
3) Change	-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
A) (16			
6) Change			
Add			
Remove			

	ing or adding additional Articles, enter change(s) here: lditional sheets, if necessary). (Be specific)
/	I/A
•	
. <u>If an an</u> provisi	endment provides for an exchange, reclassification, or cancellation of issued shares, ons for implementing the amendment if not contained in the amendment itself:
(if	ot applicable, indicate N/A)
	N/A

	02/02/2018	
The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		
	3/2018	
Effective date <u>if applicable</u> :	(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 b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	nted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	nted by the incorporators without shareholder action and shareholder	
02/02/2018		
Dated		
Signature		
	rector, president or other officer - if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Soren Anniko	
	(Typed or printed name of person signing)	
	MGR	
	(Title of person cioning)	