# P0900076637

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

Office Use Only



100186726411

10/25/10--01028--007 \*\*43.75



10/0 Jagur

#### **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: Tuff Koat Industrial Painting Services, I	nC.
DOCUMENT NUMBER: <u>P09000076637</u>	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Tommie Frank Keeling Name of Contact Person	
Tuff Koat Industrial Painting Services, Inc.	
11955 Tennessee Street	
Sanderson, Florida 32087 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Timothy Keyser at (386) 684-4673  Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
□\$35 Filing Fee  □\$43.75 Filing Fee & □\$52.50 Filing Fee	
M-W Allers	

#### **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**

### Articles of Incorporation of

Tuff Koat Industrial +	ainting Services, Inc.
(Name of Corporation as currently filed with	th the Florida Dept. of State)
409000076637	A SE TO
(Document Number of Corpo	ration (if known)
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	3 3 3
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11955 Tennessee Street  Sanderson, FL 32087
	- Carraerson, PC Cac of
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9445. Irvine Street
	Jacksonville, FL 32220
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office:	
Name of New Registered Agent:	
New Registered Office Address: (Fi	lorida street address)
	, Florida
(Ci	ty) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
	- 5 .
Signature of N	ew 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>VP</u>	Troy L. Brannan	4520 Rosic Road Jacksonville, FC 32210	Add Remove
<del></del>			☐ Add ☐ Remove
			Add Remove
	ding or adding additional Articles, entered ditional sheets, if necessary). (Be special contents of the special contents of th		
<u>provisi</u>	mendment provides for an exchange, reconst for implementing the amendment if not applicable, indicate N/A)		
	······································		

The date of each amendment(s) adoption	n: 10-22-10
•	(date of adoption is required)
Effective date if applicable:	han 90 days after amendment file date)
(no more i	nan 90 aays ajier amenameni jile aale)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficien	by the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statemen 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 gro	up)
The amendment(s) was/were adopted be action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and shareholder
Dated/O - 3	22-10
(By a director, p selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court in that fiduciary)
	Tourie F Keeling (Typed or printed name of person signing)
	President itle of person signing)

### **Articles of Amendment** to Articles of Incorporation of

luff hoat Industrial Ya	inting Services, Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State)
409000076637	
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n:</u>
	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	11955 Tennessee Street Sanderson, FL 32087
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9445 Irvine Street Jacksonville, FL 3220
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	PM :
New Registered Office Address: (Flori	ida street address)
	, Florida
(City)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami	gent:  iliar 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP_	Troy L. Brannan	4520 Rosie Road Jacksonville, FC 32210	Add Remove
<del></del>			Add Remove
			Add Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, resons for implementing the amendment is not applicable, indicate N/A)	classification, or cancellation of is f not contained in the amendment	sued shares, itself:

The date of each amendment(s) ad	option: 10 - 22 - 10
• •	(date of adoption is required)
Effective date if applicable:	more than 90 days after amendment file date)
(no n	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	,,,
(votir	ng group)
action was not required.	pted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	20-22-10 2000: A Kalin
(By a dire selected, 1	ector, 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 if fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	President (Title of person signing)