P10000055225

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
,		

Office Use Only 1



300284355083

04/14/16--01007--014 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

10-3-14 CLEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2016

DAVID OTTO / APEX PROFESSIONAL PAINTING & SERVICES INC 1822 2ND ST N.
JACKSONVILLE BEACH, FL 32250-7422 US

SUBJECT: APEX PROFESSIONAL PAINTING AND SERVICES, INC. Ref. Number: P10000055225

We have received your document for APEX PROFESSIONAL PAINTING AND SERVICES, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

This form is only to change the agent or the agent address. Your company cannot be the registered agent. You cannot remove officers on the agent form. You need to file an amendment to add or remove officers.

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) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 116A00007790

3 JUH -2 PM 2: 03

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: APEX PROFESSI	ONAL PAINTING & SER	VICES INC	
DOCUMENT NUMI				
•	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	DAVID OTTO			
		Name of Contact Perso	n	
	APEX PROFESSIONAL PA	INTING & SERVICES IN	C	
		Firm/ Company		
	1822 2ND ST N	11.1		
		Address		·· ···
	JACKSONVILLE BEACH,	FL 32250		
•		City/ State and Zip Cod	e	•
APEX	KPROPAINT@GMAIL.COM			
		sed for future annual report	notification)	
	,			
For further informatio	n concerning this matter, pleas	se call:		
DAVID OTTO		, 904	382-0601	
Name	of Contact Person	at (ar Co) 382-0601 ode & Daytime Telephone Nu	mber
England in a shoot fo	- th - Callandar			
Enclosed is a check to	r the following amount made	payable to the Florida Dep	artification State.	check for 33
□ \$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)	check for \$35 already at you oppice.
Ame Divi P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address dment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

APEX PROFESSIONAL PAINTING & SERVICES INC

2016 MAY 31 AM 8: 57

Plusuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or "Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address: Name of New Registered Agent DAVID OTTO 1822 2ND ST N (Florida street address) JACKSONVILLE BEACH (City) New Registered Office Address: Signature, if changing Registered Agent:	(Name of Carparation as surrently filed with the Florida Dant of State)
(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend to Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent DAVID OTTO 1822 2ND ST N (Florida street address) New Registered Office Address: JACKSONVILLE BEACH (City) Florida (Zip Code) Rew Registered Agent's Signature, if changing Registered Agent:	(Name of Corporation as currently filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amend at Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co." A professional corporation name must contain the above a profit of the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS B. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address: Name of New Registered Agent DAVID OTTO 1822 2ND ST N (Florida street address) JACKSONVILLE BEACH (City) Florida 32250 (Zip Code)	(Document Number of Corneration (if known)
A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent DAVID OTTO 1822 2ND ST N (Florida street address) ACKSONVILLE BEACH (City) The name of Incorporation. (City) The name of the name of the name of the new registered address) (City) The name of Incorporation. The name of the name must contain the word "corporation." "company," or "incorporated" or the abbreviation." "Corp." "Inc.," or "incorporated" or the abbreviation. "P.A." A professional corporation. "corp." "Inc.," or "co". A professional corporation name must contain the abbreviation. "Corp." "Inc.," or "incorporated" or the abbreviation. "P.A." B. Enter new principal office address in Florida. "Incorporation name must contain the abbreviation. "P.A." B. Enter new principal office address in Florida. "Incorporation name must contain the abbreviation. "P.A." B. Enter new principal office address in Florida. "Incorporation name must contain the abbreviation." "Inc.," or "co". A professional corporation. "P.A." B. Enter new principal office address in Florida. "Incorporation name must contain the abbreviation." "Inc.," or "co". A professional corporation name must contain the abbreviation. "P.A." B. Enter new principal office address in Florida. "Incorporation name must contain the abbreviation." "Incorporation name must contain the abbreviation." "Inco	• • • •
The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp., "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain a word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) 5. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 6. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	ion 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) t
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co.". A professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A." 1. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS 2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent DAVID OTTO 1822 2ND ST N (Florida street address) JACKSONVILLE BEACH (City) (Zip Code) Sew Registered Agent's Signature, if changing Registered Agent:	new name of the corporation:
Corp., "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain a word "chartered," "professional association," or the abbreviation "P.A." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) 5. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 6. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: New Registered Office Address: JACKSONVILLE BEACH (City) (Zip Code) Sew Registered Agent's Signature, if changing Registered Agent:	
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent DAVID OTTO	e designation "Corp," "Inc," or "Co". A professional corporation name must contain the
Mailing address MAY BE A POST OFFICE BOX If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	
. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent	if applicable:
Name of New Registered Agent DAVID OTTO	
Name of New Registered Agent DAVID OTTO	
Name of New Registered Agent DAVID OTTO	
Name of New Registered Agent DAVID OTTO	
Name of New Registered Agent 1822 2ND ST N	gent and/or registered office address in Florida, enter the name of the
Name of New Registered Agent 1822 2ND ST N	the new registered office address:
(Florida street address) New Registered Office Address: JACKSONVILLE BEACH (City), Florida (Zip Code) ew Registered Agent's Signature, if changing Registered Agent:	Agent DAVID OTTO
New Registered Office Address: JACKSONVILLE BEACH , Florida 32250	
New Registered Office Address:, Florida	(Florida street address)
(City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent:	JACKSONVILLE BEACH Florida 32250
· · · · · · · · · · · · · · · · · · ·	
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	s registered agent. I am familiar with and accept the obligations of the position.
TRACL	TRACH
Signature of New Registered Agent, if changing :100010	Signature of New Registered Agent, if changing updating na

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na. 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T	_	MARC ANTHONY VIOLA	1822 2ND ST N
Add				JACKSONVILLE BEACH, FL
X Remove				32250
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

(Attach	ading or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
·	
. <u>If an ar</u> provis	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:
(i)	not applicable, indicate N/A)
√A	
· · · ·	

Effective date if applicable:	
(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	•
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The followaust be separately provided for each voting group entitled to vote separately on the amendation.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action an action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	HAY 31
5/27/2016 Dated Signature	AH 8: 57
(By a director, president or other officer if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
DAVID OTTO	
(Typed or printed name of person signing)	
PRESIDENT	•
(Title of person signing)	

4/12/2016