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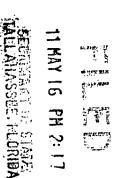
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No 5-23-11

COVER LETTER

"TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SQUEEKY KLEEN GREEN SOFT-WASH COATING

DOCUMENT NUMBER:	P11000010735
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
т	HOMAS WHALEN JR
	Name of Contact Person
	Firm/ Company
अ भ र्ष ।	EQUE DECAN DE
	5895 PECAN RD Address
A Company of the Comp	OCALA, FL 34472
Property of the	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter	er, please call:
THOMAS WHALEN JR	at (352) 368-2382
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 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 Articles of Incorporation

of SQUEEKY KLEEN GREEN SOFT-WASH COATINGS (Name of Corporation as currently filed with the Florida Dept. of State)

P11000010735

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

		The r
me must be distinguishable and contair breviation "Corp.," "Inc.," or Co.," or to me must contain the word "chartered," "p	he designation "Čorp," "Inc	" or "Co". A professional corporal
Enter new principal office address, if a principal office address <u>MUST BE A STRE</u>		
Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		
(Muning address MAT DE A FOST OFT	TCE BOX)	
If amending the registered agent and/or new registered agent and/or the new re-		Florida, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
Name of New Registered Agent: New Registered Office Address:	(Florida street a	ddress)
1 paper 1 2 2 2 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2	(Florida street a	•
New Registered Office Address:	(Florida street a	ddress), Florida (Zip Code)
New Registered Office Address:	(City) ging Registered Agent:	, Florida (Zip Code)

Page 1 of 3

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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
VPD CARC	CAROL WHALEN	5895 PECAN RD OCALA, FL 34472	
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(attach aa	ding or adding additional Articles, dditional sheets, if necessary). (Be	specific)	
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provisio (if no	nendment provides for an exchang ons for implementing the amendme on applicable, indicate N/A)		
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	STATE OF THE STATE		
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The date of each amendment(s) adoption: 05/10/2011	
(date of adoption is required)	
Effective date if applicable: 05/10/2011	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
_	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	ment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following so must be separately provided for each 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 group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	eholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	ler
action was not required.	
Dated 5-13-11	
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May report the territories of the second sec	
Signature (By a director, president or other officer – if directors or officers have not be safety where the safety was incorporated – if in the hands of a receiver trustee, or other officers in the hands of a receiver trustee, or other officers have not be safety where the safety was incorporated – if in the hands of a receiver trustee, or other officers have not be safety was a fine safety where the safety was a sa	
(By a director, president or other officer – if directors or officers have not be a share where the selected, by an incorporator – if in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver, trustee, or other controls in the hands of a receiver.	en Sourt
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THOMAS MALLEN ID	
THOMAS WHALEN JR	
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PRESIDENT	
(Title of person signing)	
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