

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000258071 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARTIN ACCOUNTING

Account Number : 120060000012

: (305)826-5886

Fax Number

nter2 the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN EAST COAST PAINT & REFINISH CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Division of Corporati	ons			*11/5/14 \$38 ¢

Electronic Filing Menu Corporate Filing Menu

Page :

Help

Articles of Amendment to Articles of Incorporation of

FILED

2814 NOV -5 AM 10: 4 1

EAST COAST PAINT &	REFINISH CORP	•	\$0 ME 138Y C	FISTATE
	currently filed with the Flor	ida Dept. of State)	FALL ATADOLE	+ L.C.GIVION
P11000094083			D o	
(Documer	nt Number of Corporation (if k	nown)		_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corpora	tion adopts the following	ng amendment(s) to
A. If amending name, enter the new na	ine of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	o". A professional c	ncorporated" or the corporation name must	_The new abbreviation contain the
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>	<u>cable:</u> OFFICE BOX)			- - -
D. If amending the registered agent an new registered agent and/or the new	v registered office address:	<u>s in Florida, enter t</u>	he name of the	
Name of New Registered Agent	RUBIO, CAMILO			
	19170 NW 82 CII			
New Registered Office Address:	(Florida street	•	-lorida 33015	
	(City)		(ZIp Code)	-
New Registered Agent's Signature, if cl		h and accept the obli	gations 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 = 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	PT	RUBIO, ZULLY	19170 NW 82 CIRCLE CT
Add		, 	HIALEAH, FL 33015
Remove			
2) Change	PDT	RUBIO, CAMILO	19170 NW 82 CIRCLE CT
✓ Add			HIALEAH, FL 33015
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
<u> </u>			
6) L Change			
Add			
Remove			

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)			
			··	
				
				
				•
		· · · · · · · · · · · · · · · · · · ·		
				
n amendment provides for an exch ovisions for implementing the ame	<u>ange, reclassificati</u> idment if not cont:	ob, or cancellate	<u>ion of issued sh</u> endment itself:	ares,
(if not applicable, indicate N/A)				

The date of each amendment	Vs\ adaption: 11/04/2014	_ if other than the
date this document was signed		
Effective date if applicable:	11/04/2014	
Effective date in applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	·
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	**************************************	
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated 11/	04/2014	
Signature	(N)	
() s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
	CAMILO RUBIO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	•