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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : COLLECTIVE SERVICES

Account Number : I20180000070
Phone : (812)220-5224

Fax Number : (813)766-8934

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

Email Address: collectiveserv@outlook.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN NPZ PAINTING & FLOORING INC

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COVER LETTER

| TO: Amendment Section Division of Corpor | ••• | | : : |
|---|---|---|---|
| NAME OF CORPORA | ATION: NPZ PAINTING & | FLOORING INC | |
| DOCUMENT NUMBE | | | |
| | f Amendment and fee are sul | omitted for filing. | |
| Please return all corresp | ondence concerning this mat | ter to the following: | i |
| S | ANDY BONET | | |
| _ | · · · · · · · · · · · · · · · · · · · | Name of Contact Person | 1 |
| C | COLLECTIVE SERVICES | | : |
| _ | | Fiπn/ Company | |
| 7211 N DALE MABRY HIGHWAY, SUITE 200 | | | ! |
| - | | Address | |
| T | 'AMPA, FL 33614 | | i |
| _ | | City/ State and Zip Code | , |
| COLLE | ECTIVESERV@OUTLOOK | COM | |
| | - | ed for future annual report | notification) |
| | | | • |
| For further information | concerning this matter, please | e call: | |
| SANDY BONET | | at (⁸¹³ | 220-5224 |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made p | ayable to the Florida Depa | riment of State: |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | Cortificate of Status Certified Copy (Additional Copy is enclosed) |
| Amen Divisi P.O. E | ng Address dment Section on of Corporations Box 6327 sassee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301 |

Articles of Amendment to Articles of Incorporation of

| NPZ PAINTING & FLOORING INC | | | | |
|---|--|-------------------------------|--------------|------|
| (Name of Corporation as ci | urrently filed with the Florida Dept. of State) | ÷ ; | | |
| P12000087734 | | | | |
| (Document Nu | mber of Corporation (if known) | : | | |
| Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation: | es, this Florida Profit Corporation adopts the fo | llowing amer | ndment(s) |) to |
| A. If amending name, enter the new name of the corporati | lon: | ; ; | | |
| | • | The | new | |
| name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. word "chartered," "professional association," or the abbrevi | ." or "Co". A professional corporation name | | | |
| B. Enter new principal office address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS) |) | ‡ - | | |
| | | 7 | | |
| | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| Township with the state of the | | : | | |
| | | | <u> </u> | |
| | | | _ | |
| D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a | | | | |
| Name of New Registered Agent | - | | | |
| Name of New Registered Agent | | | | |
| (Flo | rida street address) | | | |
| New Revistored Office Address: | , Florida | | | |
| | (City) | (Zip Code) | | |
| New Registered Agent's Signature, if changing Registered. I hereby accept the appointment as registered agent. I am fan | Agent: miliar with and accept the obligations of the pos | NECKE IA NELAHAS ition. | 19 Кат | "ነገ |
| | | 14.338 10.488 | 10 AM | IL.E |
| Signature of | New Registered Agent, if changing | 70180) 31818 | ි. ව: 3ූර | J |

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| address of each Officer (Attach additional sheets, Please note the officer/did P = President: V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove | and/or D , if necess rector titl President = Chief i er, Directa l in the fo ves the c | Pirector beary) Is by the fire Tree Financial | irst letter of the office title: asurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds mor be PTD. nanner. Currently John Doe is listed as the m, Sally Smith is named the V and S. Thes | Trustee; C = Chairman o than one title, list the fir the PST and Mike Jones is the | r Clerk; CE(st letter of e sted as the V | O = Chief each office 7. There is |
|--|--|---|---|--|---|---|
| Example: X Change | PT | John Do | <u>oe</u> | | | |
| X Remove | <u>v</u> | Mike Jo | ones . | | ! | |
| _X Add | <u>sy</u> | Sally St | <u>nith</u> | | ! | |
| Type of Action (Check One) | Title | | Name | Addreas | | |
| 1) Change | VP | | CARLOS RODRIGUEZ BOSCH | 6407 W PARIS ST | | |
| X Add | | _ | | TAMPA, FL 33634 | 1 | _ |
| Remove | | | | | : | _ |
| 2) Change | | _ | | | · | _ |
| Add | | | | | | - |
| Remove | | | | | | _ |
| 3) Change | | _ | | | | - |
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| Remove | | | | <u></u> | FACE TO | <u></u> |
| 4)Change | | _ | | | 200 E | <u> </u> |
| Add | | | | | <u> </u> | 5 |
| Remove | | | | | - F 5 2 | £ A |
| 5) Change | | _ | | | TALE ORIDE | |
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| Remove | | | | | · | - |
| 6) Change | | _ | | | | _ |

Page 2 of 4

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| f amending or adding additional Articles, enter change(s) here: Mach udditional sheets, if necessary). (Be specific) | ! |
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| an amendment provides for an exchange, reclassification, or cancellation of issued shares. | 707 718 |
| provisions for implementing the amendment if not contained in the amendment itself; | 蓋蓋 |
| (if not applicable, indicate N/A) | |
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| 03/28/2019 | | | |
|--|-------------------|---------|-----|
| The date of each amendment(s) adoption: | if other | er than | the |
| 03/28/2019 | : | | |
| Effective date if applicable: (no more than 90 days after amendment file dale) | · | - | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. | not be li | sted as | the |
| Adoption of Amendment(s) (CHECK ONE) | : | | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | | | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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" | 프유 | 19 | |
| by" (voting group) | | MAY | 7 |
| ☐ The amendment(s) was/ware adopted by the board of directors without shareholder action and shareholder action was not required. | 3557H J.yyy (3 | 0 1 | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | E FLO | AM 6: | |
| 03/28/2019 Dated | ORIDA | ည္ | |
| Signature | _ | | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | | | |
| NELSON PEREZ ZAMOT | | | |
| (Typed or printed name of person signing) | | _ | |
| PRESIDENT | | | |
| (Title of person signing) | | _ | |