Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040

Fax Number : (407)520-5473

Enter 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 REAL PAINTING AND COATINGS OF FLORIDA INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$35.00 |

SECRETARY OF STATE

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: Amendment Section |
|--------------------------|
| Division of Corporations |
| |

| NAME OF CORPO | RATION: | AND COATINGS OF FLO | ORIDA INC. |
|--|---|--|--|
| DOCUMENT NUMI | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | spondence concerning this mat | tter to the following: | |
| | Susana Ferrer | | |
| | | Name of Contact Person | |
| | Real Painting and Coatings of | f Florida Inc. | |
| | | Firm/ Company | ··· |
| | 116 Pine Island Cir | | |
| | | Address | |
| | Kissimmee, FL 34743 | | |
| | | City/ State and Zip Code | ; |
| susve | 2104@gmail.com | | |
| | • • | sed for future annual report | notification) |
| For further information | on concerning this matter, pleas | | . 4 42-9666 |
| | of Contact Person | at (Area Co | de & Daytimo Telephone Number |
| | or the following amount made | | |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Pec Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Ameno Divisio Clifton | Address Iment Section on of Corporations a Building Executive Center Circle |

Tallahassee, FL 32301

4045205473

To:18506176380

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FILED

Articles of Amendment to Articles of Incorporation of

2018 OCT 18 AM 10: 17

GEORL PARY OF STATE TALLAHASSEE, EL

| REAL PAINTING AND COATINGS OF FLORIDA INC. | TALLAHASSEF, FI | |
|--|---|--|
| (Name of Corporation as curren | tly filed with the Florida Dept. of State) | |
| P13000036101 | | |
| (Document Number | of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) to | |
| A. If amending name, enter the new name of the corporation: | | |
| | The new | |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the | |
| • • | 116 Pine Island Cir | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Kissimmee, FL 34743 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 116 Pine Island Cir | |
| (minung unuress instanting the volume of the | Kissimmee, FL 34743 | |
| | | |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address | dress in Florida, enter the name of the | |
| Name of New Registered Agent | | |
| | | |
| (Florida | sireet address) | |
| New Registered Office Address: | (City) , Florida(Zip Code) | |
| | (City) (Zip Code) | |
| • | | |
| New Registered Agent's Signature, if changing Registered Age | nt: | |
| I hereby accept the appointment as registered agent. I am familia | r with and accept the obligations of the position. | |
| | | |
| | | |
| Signature of Nev | v Registered Agent, if changing | |

To:18506176380

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 = Chairmon 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 Mtke 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 | PT | John Doe | |
|-------------------------------|--------------|------------------|-----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sy</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | Dir. | Jose E. Melendez | 737 Senoca Trl |
| × Add | | | Saint Cloud, FL 34772 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Renzove | | | |
| 3) Change | | | |
| Add | | • | |
| Remove | | | <u> </u> |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 5) Change | - | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Demous | | | |

| If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NiA) | If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | |
|--|---|--|--|
| provisions for implementing the amendment if not contained in the amendment itself: | | | |
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| (if not applicable, indicate N/A) | provisions for implementing the ame | ange, reclassification, of cal ndment if not contained in t | be amendment itself: |
| | (if not applicable, indicate N/A) | | |
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OCT-18-2018 11:40 From:

To: 18506176380

(Title of person signing)