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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPOR	RATION: New Age Auto Pa	inting, Inc.	
DOCUMENT NUMI			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Livia A. Combs		
		Name of Contact Person	
	New Age Auto Painting, Inc.		
		Firm/ Company	
	448 Islebay Dr.		
		Address	
	Apollo Beach, FL 33572		
		City/ State and Zip Cod	e
liviac	ombs@aol.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call;	
Livia A. Combs		561 at (212-3927
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED 17 OCT 30 AH 10: 31

New Age Auto Painting, Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

(<u>Name</u>	of Corporation as currently fi	led with the Florida Dep	t. of State)
P13000092454			
	(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation a	dopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corpor	The new orated" or the abbreviation attended attended to the abbreviation attended to the attended to the attended to the abbreviation to the attended to the
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		
	•		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
D. If amending the registered agent ar		in Florida, enter the nar	ne of the
new registered agent and/or the ne	Livia A. Combs		
Name of New Registered Agem	448 Islebay Dr.		
	(Florida street o	nddress)	
New Registered Office Address:	Apollo Beach		, Florida 33572
	(Cu	y)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	tered agent. I am familiar with		s of the position.
	Signature of New Regi	stered Agent, if changing	_
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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)

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: XChange	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PTD	Carl D. Combs	448 Islebay Dr.
Add			Apollo Beach, FL 33572
X Remove			
2) X Change	PTD	Livia A. Combs	448 Islebay Dr.
Add			Apollo Beach, FL 33572
Remove			
3) Change	D	Cole M. Combs	6820 Reagents Village Way
X Add			Apollo Beach, FL 33572
Remove			
4) Change	D	Brian R. Combs	1733 Bonita Bluff Ct.
X Add			Ruskin, FL 33570
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
	
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an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
4 - • • • • • • • • • • • • • • • • • •	

	10/2/2017	
The date of each amendment(s):	adoption:	, if other than the
date this document was signed.		
	/2/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
3	(voting group)	
☐ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
10/24/201	7	
Dated		
, Signature	Dirich. Commo	
(By a	director, president or other officer - if directors or officers have not bee	en
	ed, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
аррон	nted fiduciary by that fiduciary)	
	Livia A. Combs	
	(Typed or printed name of person signing)	
	Director, President, Treasurer, and Secretary	
	(Title of person signing)	