## 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.

(((H15000264353 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 : FASTKIT CORP Account Number : 120100000009

: (305)599-0839

Fax Number

: (305)592-9591

\*\*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 CORAL CARPENTRY & PAINTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

NOV 0 5 2015

C McNAIR

## Articles of Amendment to Articles of Incorporation

CORAL CARPENTRY & PAINTING, INC.

(Name of Corporation as currently filed with th	e Florida Dent. of State)
P13000093916	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit its Articles of Incorporation:	Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company, "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profesword "chartered," "professional association," or the abbreviation "P.A."	Tha new " or "incorporated" or the abbreviation ssional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the enme of the
Name of New Registered Agent	-
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept	the obligations of the position.
Signature of New Registered Agent	if changing

				ll l		•
If amending the Office address of each Office (Attach additional shee: Please note the officer/officer	r and/or I <i>is, if neces</i>	Director being adde sary)		licer/director	being removed and title, I	ame, and
P = President; V= Vice Executive Officer; CFO held, President, Treasu	e Presiden ) = Chief rer, Direct	nt; T= Treasurer; S Financial Officer. tor would be PTD.	= Secretary: D= Director; The Secretary: The Secretary: The Secretary: The Secretary: Secretary: The Secretary:	ore than one t	tifle, list the first letter of e	ach office
Changes should be note a change, Mike Jones I Mike Jones, V as Remo	eaves the a	corporation, Sully S	Currently John Doe is listed as Smith is named the V and S. TI Add.	the PST and hese should be	Mike Jones is listed as the I noted as John Doe, PT as	7. There is a Change,
Example: XChange	PT	John Doe		-		
X Remove	v	Mike Jones				
_X Add	SY	Sally Smith				
Type of Action (Check One)	Title	Name		Addres	Ş5	
1) Change	V1	Roe	: Cantillo	50	SW GTH AVE	.s. ja
x Add				<u> </u>	perda Cuty, 71.	33034
Remove						<del>-</del>
2) Change	I	Da	mian Menocal	Ileon	29257 SW 19 mestcad, Fl · 3	52 nd pre
X Add				_He	mestcad, F1.3	<b>3</b> 0.33
Remove						<b></b>
3) Change						-
Add			•			-
Remove						**
4) Change	<del>- · · · · · · · · · · · · · · · · · · ·</del>					-
Add		•				-
Remove			·			<u>-</u>
5) Change		<del></del>				-
Add						٠,
Remove						- 1
δ) Change						_
Add	<u> </u>	<del></del>				<del>-</del>
Remove						···

E. If amonding or solding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
•	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued s	Arcs.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued seprovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	,

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than yo days after antenument file a	se <i>)</i>
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	, i
The amendment(a) was/were adopted by the shareholders. The number of votes east for the by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The folior must be separately provided for each voting group entitled to vote separately on the amendal	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by :"	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action are action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action actio	reholder .
11/02/2015 Dated	
	•
Signature  (By a director, president or other officer – if directors or officers had	re not heen
selected, by an incorporator – if in the hands of a receiver, trustee,	
appointed fiduciary by that fiduciary)	
Felipe Hernandez	
(Typed or printed name of person signing)	
President	
(Title of person signing)	