# P14000011384

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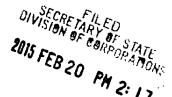
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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: M & S PRO BER: P14000017384		IANDYMAN INC
	of Amendment and fee are sub		
Please return all corres	spondence concerning this matt	ter to the following:	
	HUMBERTO SAN	ITIAGO	
		Name of Contact Person	
	M & S PRO-PAIN	TING & HANDY	MAN INC
		Firm/ Company	
	4694 SUMMIT BL	.VD	
		Address	
	WEST PALM BEA	ACH, FL 33415	
		City/ State and Zip Code	?
INF	O@ACCOUNTA	<b>KEXPERT.COM</b>	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
ANGIE HER	EDIA	<sub>at (</sub> 954	479-4842
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ortment 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)
	iling Address		Address
	endment Section ision of Corporations		Iment Section on of Corporations
	. Box 6327		Building
Tall	ahassee, FL 32314		executive Center Circle
		i dilalia	10040 1 1 ,0000

### Articles of Amendment to Articles of Incorporation of



## M & S PRO-PAINTING & HANDYMAN INC

(Name of Corporation as currently fi	led with the Flor	ida Dept. of State)		•
P14000017384				
(Document Number of	Corporation (if k	nown)		-
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Corporation a	dopts the following	g amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
				_The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc," or "Co	". A professional corpor	orated" or the ac cation name must c	bbreviation contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				-
				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>X</u> )			-
			- P. P Town and the district of the Control of t	-
D. If amending the registered agent and/or register new registered agent and/or the new registered		s in Florida, enter the na	me of the	
Name of New Registered Agent			_	
	(Florida street	address)	<del>-</del>	
New Registered Office Address:		, Florid	·	_
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar wit		ns of the position.	ı
Signature of Ne	ew Registered Age	ent, 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 <math>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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	v	PABLO AYALA PASTRANA	2300 NW 14TH WAY
Add			BOYTON BEACH,
Remove			33436
2) Change			
Add			
Remove			
3) Change.			
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			national Processing States and St
Remove			

Attach additional sheets, if necessary).	i <mark>cles, enter change(s) here</mark> : (Be specific)
The state of the s	ine specific)
<del></del>	
	1.100.00 (10.7)
	- Litter - L
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
Control of the Alexander	
provisions for implementing the ame	endment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
provisions for implementing the ame	endment if not contained in the amendment itself:
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provisions for implementing the ame	endment if not contained in the amendment itself:

date this document was signed.	auoption.	, 11 other
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
Fhe amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 02-14-	2015	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	_
	HUMBERTO SANTIAGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	