## P1500006094

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400269613064

03/09/15--01005--010 \*\*35.00

15 MAR -9 AM 8: 32
SECRETARY OF STATE
SELECTIONION

MAR 1 0 2015 C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: MIKE RY	AN PAINTING	SINC	
DOCUMENT NUM	BER: P15000006	094		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	MICHAEL RYA	AN		
	MIKE RYAN P		•	
	5134 CORVET	Firm/ Company TE DR		
	TAMPA FL 336	Address		
		City/ State and Zip Cod	е	
For further information	E-mail address: (to be us	sed for future annual report se call:	notification)	
MICHAEL	RYAN	at (813	,841-0752	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division	Address ment Section n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Mike Ryan Painting Inc	-		
(Name of Corporation as currently filed with the Florida Dept. of State)			
P150000 6094	_		
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng amend	ment(s	) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."		ion	
B. Enter new principal office address, if applicable:	_		
(Principal office address MUST BE A STREET ADDRESS)		15 MAR -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX)		9 KM 8:	
		32	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:			
Name of New Registered Agent  (Florida street address)			
New Registered Office Address: , Florida (City) , Florida (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			
dignature of New Kegisterea Agent, if changing			

iliaen <i>aaaitionai she</i>	eets, if necessary).	icles, enter change(s) here: (Be specific)
<u>,</u>		
<u>د</u>		
<del></del>	<del>\                                    </del>	
//		
V	<del></del>	
f an amendment pi	rovides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for imp	lementing the ame	endment if not contained in the amendment itself:
(if not applicab	ole, indicate N/A)	
		^
		1-1/1-
	$I \setminus T$	
	1 2	

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>S</u>		FRANK A. NOVAK II	9232 82ND ST NORTH
Add				LARGO FL 33777
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<del></del>		
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
6) Change		<del>_</del>		
Add				
Remove				

The date of each amendment(s) adopt	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
The amendment(s) was/were approvemust be separately provided for each	ed by the shareholders through voting groups. The following statement th 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	"	
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and shareholder	
Dated 3 9 20	016	
Signature /	Quel D	_
selected, by	tor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
MI	CHAEL RYAN	
	(Typed or printed name of person signing)	<del></del>
PR	RESIDENT	
	(Title of person signing)	<del></del>