P15000007139

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<u>.</u>
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
		
	- Fill M	
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
Consist testinations to	Cities Officer	
Special Instructions to	Hiling Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CENTURY PAIN	TING PROFESSIONALS I	NC		
DOCUMENT NUMBI	ER: P15000007139				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
	AUGUSTO FERREIRA				
-		Name of Contact Persor	1		
(CENTRAL FLORIDA FORMS SERVICE INC				
_		Firm/ Company			
1	85 S WESTMONTE DR SU	JITGE 1216			
		Address	· · · · · · · · · · · · · · · · · · ·		
,	ALTAMONTE SPRINGS FI	L 32714			
_		City/ State and Zip Code	2		
CENT	RALFLORIDAFORMS@G	MAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
AUGUSTO FERREIRA		at (407	786-6400		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



CENTURY PAINTING PROFESSIONALS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000007139

Number of Corporation (if known)
atutes, this Florida Profit Corporation adopts the following amendmen
ration:
The new corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the reviation "P.A."
<u>SSS</u>)
office address in Florida, enter the name of the ce address:
(Florida street address)
(City) , Florida (Zip Code)
red Agent: n familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	REYNALDO J DELGADO	7630 SUB VISTA WAY
X Add			ORLANDO FL 32822-7501
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		
f an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	ires.
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:	
	——————————————————————————————————————	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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``	
by" (voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated N W 11 TO 16 Signature ////	
(By a director president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
JOSE A DELGADO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	