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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

Anund 103,18,15

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	: McCLOUD F	PAINTING & DEC	ORATING, INC.
DOCUMENT NUMBER: P	150000086	635	
The enclosed Articles of Amen	dment and fee are sul	omitted for filing.	
Please return all correspondenc	e concerning this mat	ter to the following:	
VAN	D. SOWE	RBY	
		Name of Contact Person	n
• ——	<del></del>	Firm/ Company	
820	1 INDRIO F	ROAD	
FOF	RT PIERCE	Address FL 34951	
		City/ State and Zip Cod	e
		@YAHOO.CC	
E-n	nail address: (to be us	ed for future annual report	notification)
For further information concern	ning this matter, pleas	e call:	
VAN D. SOWEI	RBY	<sub>at (</sub> 772	370-0906
Name of Contac	ct Person		de & Daytime Telephone Number
Enclosed is a check for the foll	owing amount made p	ayable to the Florida Depa	artment of State:
	43.75 Filing Fee & ertificate 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 Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



### McCLOUD PAINTING & DECORATING, INC.

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

ent(s) to

(Document Number of	f Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following a
. If amending name, enter the new name of the co	orporation:	
	,	
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o," "Inc," or "Co". A pi	any," or "incorporated" or the abbi rofessional corporation name must con
Enter new principal office address, if applicable Principal office address MUST BE A STREET ADD		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
If amending the registered agent and/or register	wad office address in Flor	ide enter the name of the
. If amending the registered agent and/or registe new registered agent and/or the new registered		Tux, enter the name of the
Name of New Registered Agent		
<del> </del>	(Florida street address)	
New Registered Office Address:	(City)	, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Reg	gistered Agent:	

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 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			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>N</u> a	<u>ame</u>	<u>Addres</u> s	
1) Change	VP	_ <u>c</u>	HARLES McCLOUD	6955 49th Street	
Add Remove				Vero Beach, FL 32967	
2) Change	s	_ <u></u>	UCAS C. McCLOUD	1495 40th Avenue, Apt. P-4	
Add Remove				Vero Beach, FL 32960	
3) Change	<del></del>				
Remove					
4) Change		_			
Remove					
5) Change					
Remove				<del></del>	
6) Change					
Remove					

E. <u>If a</u> (Att	mending or adding additional a ach additional sheets, if necessar	Articles, enter cha y). (Be specific)	ange(s) here:		
•					
		, , , , , , , , , , , , , , , , , , ,			
				<del> </del>	<del></del>
				· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
F. <u>If a</u> pr	in amendment provides for an ecovisions for implementing the a	amendment if not	fication, or cance contained in the	llation of issued sh amendment itself:	nares.

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated March 12		
	ector, president or other officer – indirectors or officers have not been	·
	by an incorporator – if in the hands of a receiver, trustee, or other court	
	d fiduciary by that fiduciary)	
V	/AN D. SOWERBY	
_	(Typed or printed name of person signing)	<del></del>
F	President	
-	(Title of person signing)	····