## P15000063212

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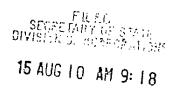
C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: F AND FAST CON	NSTRUCTION, INC		
DOCUMENT NUMBE	P15000063212			
	f Amendment and fee are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this mat	ter to the following:		
N	IARIA A DEL SOL			
_		Name of Contact Persor	<u> </u>	
		Firm/ Company		
4	921 WEYMOUTH ST			
 L	Address  LAKE WORTH FL 33463			
_		City/ State and Zip Code	2	
PEDRO	D.MALAGON@ADP.COM			
<del>tt 1.1</del>	E-mail address: (to be us	ed for future annual report	notification)	
For further information of	concerning this matter, pleas	e call:		
MARIA A DEL SOL		at (561	_) 441-3107	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for t	he 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)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



F AND FAST CONSTRUCTION, INC

(Name of Corporatio	n as currently filed with the Florida Dept. of State)
P15000063212	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	rporation:
MORFA PAINTING INC	The new
	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>	RESS )
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>	<u>.</u>
D. If amending the registered agent and/or registered new registered of new registered new registered of new registered new register	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registerea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent. I	
Signa	nture 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change	<del></del>			
Add				
Remove				
3) Change		_		!
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		<del></del>		
Remove				
ROMOTO				
6) Change		_		
Add				
Damova				

ttach additional sheets, if necessary).	(Be specific)
·	
<u> </u>	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exchange the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indiment it not contained in the amendment itself.

The date of each amendment(s) adoption:	DESCRIPTIONS	if
date this document was signed.	िप्रिक्ति छ। है।	if other than the
Effective date if applicable: (no more than 90 days after amendment file days	15 AUG 10	AM 9: 10
(no more than 90 days after amendment file da	ate)	- 10
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ents, this date will no	ot be listed as th
Adoption of Amendment(s) (CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	umendment(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by"  (voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	d shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	areholder	
08/06/2015		
Dated		
Signature		
(By a director, president or other officer - if directors or officers have		•
selected, by an incorporator – if in the hands of a receiver, trustee, or	or other court	
appointed fiduciary by that fiduciary)		
MARIA A DEL SOL		
(Typed or printed name of person signing)		<del> </del>
PRESIDENT		
(Title of person signing)		