## 5000063266

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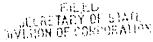
## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	2.5444	TE INK COM	PANY
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	tter to the following:	
	•	Name of Contact Person INK COMPAN Firm/ Company TOTOL AUG Address	14
		City/ State and Zip Code  STPETEINK  sed for future annual report	
	n concerning this matter, pleas	se call:	02// 10/5
TRAVIS Name	of Contact Person	at ( 72 7 Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		•
☐ \$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)
	ling Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



	of		PAINBUR OF COME MICH.
St. Pete	Int	Company	2016 SEP 19 PM 1: 08
(Name of Corp	oration as currently	v filed with the Florida Dept o	f State)
P150	3000632	66	
1)	Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation adop	ots the following amendment(s) t
A. If amending name, enter the new name of	the corporation:		
	3 (1	** tt **	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," of	'Corp," "Inc," or "(or the abbreviation ".	Co". A professional corporation	on name must contain the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		DOJ CONTR	170 1700 120 120 120 120 120 120 120 120 120 1
(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	,	St. Petersbur	24, FL 33701
	p. P. P.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROY)		
(maining maintess MAT DE ATOST OFFIC	<u>L DOA</u> )		
	• •	•	
D. If amending the registered agent and/or re new registered agent and/or the new regist			of the
		•	
Name of New Registered Agent			
	(Florida stre	eet address)	
New Registered Office Address:		, F	lorida
	ı	(City)	(Zip Code)
Non-Postatonal Association (Clause Association)	. The state of the second		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			f the position.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		.F a G a	, ; · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
	Signature of New Re	egistered 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	PT John I	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	<u>P,5</u>	TRAIN HISE	251 61ST STREET N
Add	•		ST. PETCRUBURG I=L 33710
Remove			
2) Change	<u> </u>	CHAD CRAIG	11500 747H AUT ~
Add			Schindly FL 33772
Remove	<b>A</b>		
3) Change	YP, J	SHELENE HUU	735 79 TH CIRCLES
Add			ST. Petrouseurf, FL 33707
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del> </del>		
Add			
Domose			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		· · · · · · · · · · · · · · · · · · ·
, * •		٠.,
f an amondment provides for an eych	nange, reclassification, or cancellation of issued shares,	•
provisions for implementing the amer (if not applicable, indicate N/A)	indment if not contained in the amendment itself:	
(ij noi applicable, mateute ma)		
	<del></del>	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	PRIOR OF STAIL
Effective date if applicable:	SCORE TARY OF STATE SEVENTIAL OF CORPORATOR
(no more than 90 days after amer	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately of	
"The number of votes cast for the amendment(s) was/were sufficient for ap	pproval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required.	· .
The amendment(s) was/were adopted by the incorporators without shareholder a action was not required.	ction and shareholder
Dated 09 15 2816	
Signature	
(By a director, president or other officer – if directors of selected, by an incorporator – if in the hands of a recei	
appointed fiduciary by that fiduciary)	ver, it usice, or other court
TRANS HISE	
(Typed or printed name of person si	gning)
PRESIDENT	
(Title of person signing	)