P1500067013

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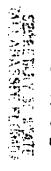


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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Blue Bucket Painting Services Inc DOCUMENT NUMBER: P15000067013
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ColedSDA PLISSO Name of Contact Person Bue Bucket Painting Services Inc Firm/ Company 1210 Reserve Way Unit 207 Address Address City/ State and Zip Code MACCOUNT A Law (a) Yahoo. Com E-mail address: (to be used for future Innual report notification)
For further information concerning this matter, please call:
Mame of Contact Person at (239) 331-8718 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

to

Articles of Incorporation

Blue Bucket Paintin	a Services	Inc	
(Name of Corporat	ion as currently filed	with the Florida Dept. of	State)
P15000067013			
(Досш	ment Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida</i>	Profit Corporation adopt	s the following amendment(s)
A. If amending name, enter the new name of the c	orporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	o," "Inc." or "Co". A		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADDRESS A STREET ADDRESS ADDRE			·.d.
<u></u>	 ,		<u> </u>
			75 P
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)		# - m
1.74 Marie San Color Strate De San Color San C			
			<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		lorida, enter the name o	f the
Name of New Registered Agent			
	(Florida street addr	ess)	
New Registered Office Address:		. Flo	orida
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.		accept the obligations of	the position.
	v		•
Sign	ature of New Registere	d 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 Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u> <u>Addres</u> s	
1) Change	DR Ashley A Phillips 1210 T	Reserve W
Add	Unita	207
Remove	Maples	FL-3410
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add	7 <u></u>	
Remove		

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nange, reclassificati	on, or cancellatio	n of issued share	s.
ndment if not conta	ined in the amen	dment itself:	_
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		111-11-11-11-11-11-11-11-11-11-11-11-11	
	nange, reclassificati	nange, reclassification, or cancellationdment if not contained in the amen	nange, reclassification, or cancellation of issued share indiment if not contained in the amendment itself:

The date of each amendment(s) adop date this document was signed.	tion: 2 15 11 8	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requestment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes cast for ient for approval.	r the amendment(s)
	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the an	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder acti-	on and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action ar	nd shareholder
Dated	2/15/18	
Signature	Magher -	
	tor, president or other officer - if directors or office	
	y an incorporator – if in the hands of a receiver, true fiduciary by that fiduciary)	stee, or other court
аррописи	Coledson P	Misso
	(Typed or printed name of person signing)	
	President	<u>L</u>
	(Title of person signing)	

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