P1600000 6073

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COVER LETTER

Division of Corporations NAME OF CORPORATION: ____ Technicolour Painting Inc DOCUMENT NUMBER: P16000006073 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Stanley U Hunt Name of Contact Person River CPA LLC Firm/ Company 1547 Peters Creek Road Address Green Cove Springs, FL 32043 City/ State and Zip Code info@rivercpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stanley Hunt Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Technicolour Painting Inc

(Name of Cornoration as currently	filed with the Florida Dept. of State)
P16000006073	med with the Fiorida Dept. of State)
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	2019 AUG
	Sin Florida, enter the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	1: -
(Florida stree	
New Registered Office Address: (C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
Signature of New Reg	ristered 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>Name</u>	<u>Addres</u> s
1) X Change	P	David S Howard	139 Sorrel Street
Add			Middleburg, FL 32068
Remove			
2) Change	P	Stephanie M Howard	139 Sorrel Street
Add			Middleburg, FL 32068
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

Attach additional sheets, if necessary).	. (Be specific)			
				
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f an amendment provides for an exc	hange, reclassification, o	r cancellation of is:	sued shares,	
		in the amendment	itself:	
provisions for implementing the amo	endment if not contained	the differential trees.		
provisions for implementing the amount of not applicable, indicate N/A)	endment if not contained	m vie umenditiem		
provisions for implementing the amo	endment if not contained			
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provisions for implementing the amo	endment if not contained			
provisions for implementing the amo	endment if not contained			

The date of each amendment(s) ado date this document was signed.	pption:	, if other than the
Effective date <u>if applicable:</u>		
<u>11 appneasit</u> ,	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t .
"The number of votes cast to	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	019	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I fiduciary by that fiduciary)	
D	avid S Howard	
_	(Typed or printed name of person signing)	
Pt	resident	
****	(Title of person signing)	