P14000012931

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HB PAINTING S	ERVICS INC		
DOCUMENT NUMBER: P16000012931			
The enclosed Articles of Amendment and fee are so	ubmitted for fili	ng.	
Please return all correspondence concerning this ma	atter to the follo	wing:	
MICHELLY FERREIRA			
	Name of Co	ontact Persoi	1
CAMPANA GROUPS INC	;		
	Firm/ (Company	
15704 LAKEPOINT FORE	EST DRIVE		
-	Ad	dress	
CHARLOTTE, NC 28278			
	City/ State a	and Zip Cod	2
MICHELY@CAMPANAGROUF	PS.COM		
E-mail address: (to be u	sed for future a	nnual report	notification)
For further information concerning this matter, plea	se call:		
MICHELLY FERREIRA	at (704	800-6775
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the l	Florida Depa	ertment of State:
\$35 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additiona enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HB PAINTING SERVICES INC	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P16000012931	
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HB CLEANING PAINTING SERVICES INC	The new
name must be distinguishable and contain the word "corporation" (Corp., ""Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address registered agent and/or the new registered office address. 	
	1
Name of New Registered Agent	
(Florida stre	eet address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	vith and accept the obligations of the position.
Signature of New Ro	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.

X Change	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly <u>Şmith</u>	
Type of Action (Check One)	Title	Name	Address
l) Change	VP	ELAINE REIS BATISTA	9354 SW 3RD STREET
_X Add			BOCA RATON, FL 33428
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Characa			
6) Change			
Add			
Remove			

ticles, enter change(s) here: (Be specific)
hange, reclassification, or cancellation of issued shares,
endment if not contained in the amendment itself:
<u> </u>

The date of each amendment(s) a date this document was signed.	doption:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06/22/201	18	
Dated Signature	Handleson Butist	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	HANDERSON BATISTA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·

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