P16000024731

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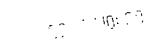


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: F & P STUCCO SI	ERVICES INC	
DOCUMENT :	NUMBER:		
The enclosed A	rticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	Mariela A Hollingsworth		
		Name of Contact Person	1
	Viglione Accounting Corp		
		Firm/ Company	
	7061 S Tamiami Trl Suite 20	4	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Sarasota, FL 34231		
		City/ State and Zip Code	e
	aviglione@me.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further info Mariela A Holli	rmation concerning this matter, pleasingsworth	se call:at (. 465-8767
Name of Contact Person			de & Daytime Telephone Number
	eck for the following amount made		
S35 Filing I	Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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 Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of



F & P STUCCO SERVICES INC

(<u>Name of Corporation</u>	n as currently filed with the F	lorida Dept. of State)
P16000024731		
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006. Florida sits Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional con	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>)	<u>RESS</u>)	
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
D. If amending the registered agent and/or registered		<u>iter the name of the</u>
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis		LI ar ar an Ark an artist a
I hereby accept the appointment as registered agent. 1	am jamuiar wun ana accept in	е обидановк ој те рохион.
Signat	ture of New Registered Agent, ij	Changing
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u> <u>John</u>	ı Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	<u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>s</u>	Maria Del Carmen Solano Chavarria	613 60TH AVE DR EAST
Add			BRADENTON, FL 34203
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		- 	
Add			
Remove			

Attach additiona	dding additional Ail sheets, if necessary)). (Be specific)	<u> </u>		
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					.
					
f an amendmen	t provides for an ex	change reclassifi	ration or cancells	ation of issued sh	irec
<u>provisions for i</u>	mplementing the an	nendment if not c	ontained in the ar	mendment itself:	4103,
(if not appli	cable, indicate N/4)				
- <u></u> -					
					
					
		 .		· · · · · · · · · · · · · · · · · · ·	
 					

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	adoption:	, if other than the
fate this document was signed.		
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	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendments.	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	_,	
•, -	(voting group)	
October Dated	23, 2020 TOUR ON 10 0 0 0	
selec	director, president or other officer – if directors or officers have no ted, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	Franklin N Paguada Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	