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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	•
NAME OF CORPORATION: Robert C.	Laws INC.
DOCUMENT NUMBER: P160000	50824
The enclosed Articles of Amendment and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
Robart Co	Name of Contact Person
	Firm/ Company
KOROLA	
	Address
10342 Wave hitchka	FL 37465 Dity/ State and Zip Code
	City/ State and Zip Code
Trale 4780	our han car-
E-mail address: (to be used)	Just e annual report notification)
egye er e	en e
For further information concerning this matte $\gamma$ please as $\Xi$	all:
Bob Lawis	at 419 606-3793
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$\text{Certified Copy} (Additional Copy is enclosed)}  \$\text{Additional Copy} (Additional Copy is enclosed)}
Mailing Address	Street Address
Amendment Section	Amendment Section
LINGEROD ALL APPARATIONS	LUVISIOU II L OFMOTAHORS

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

16 JM 22 CK 2: 0.

## Articles of Amendment to Articles of Incorporation of

Robartal		·	<del></del>		_
(Name of Corporation as currently file	ed with the Florig	la Dept. of Sta	<u>ate</u> )		
P1600 (Document Number of C	005083	4	<del></del>		_ ·
(Document Number of C	Corporation (if kno	wń)			
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	Statutes, this Flor	ida Profit Corp	poration add	opts the following	ng amendment
. If amending name, enter the new name of the cor	poration:				
CEL Painting C	25				The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the d	" "Inc," or "Co".	A profession			
Enter new principal office address, if applicable:		<u> </u>			_
rincipal office address MUST BE A STREET ADD	RESS )		•		
	~		<del></del>	<del></del>	_
	~~		·····	<del></del>	_
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<b>(</b> )				
	<i>-</i>				<b></b>
• •	• • •			<del></del> _	·"
	·-				_: _:
. If amending the registered agent and/or register		in Florida, en	ter the nam	e of the	: <del>*</del>
new registered agent and/or the new registered of	office address:				
Name of New Registered Agent					
	(Florida street a	ddress)			
New Registered Office Address:			. Florida		
	(City)			(Zip Code)	<del></del>
lew Registered Agent's Signature, if changing Reg		and accent the	obligatio	of the position	
hereby accept the appointment as registered agent.	ı am jamınar wun	ина ассері Іпе	: oouganons	oj tne position.	
	ny Pagistarad Agai				

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
Change  Add  Remove	Pras	ideal Tracey Cole	PANAMA CITY FL 32404
2) Change Add Remass		· · · · · · · · · · · · · · · · · · ·	
Change	<del></del> .		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<u> </u>	

Camending or adding additional Articles, enter cattach additional sheets, if necessary). (Be specificational sheets)	ic)
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f an amendment provides for an exchange, recla provisions for implementing the amendment if n	ssincation, or cancellation of issued snares,
(if not applicable, indicate N/A)	to Contained in the amenament inserv.
	•
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· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	·	•
Estective date in appareasie.	(no more than 90 days after amendment file date)	<del>-</del>
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	•
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	,,	
	voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and shareholder	
Dated	- 16	
Signature	fe.	• .
selected, by an ir	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court very by that fiduciary)	- - - - -
	Bab laune	,
	(Typed or printed name of person signing)	<del></del>
·	Pras.dant	<del></del>
	(Title of person signing)	