P1600054933

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SECRETARY OF STATE
TALLAMASSES FIESD

amend Come Change

MAR 2 3 2023 D CUSHING

COVER LÉTTER

TO: Amendment Section Division of Corporations

:

NAME OF CORPO	RATION: EXTREME POWI	ER PAINTING AND CON	STRUCTION INC	···		
DOCUMENT NUM	P16000054933			_		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	GREGORY OSWALT					
	CCCCDA III C	Name of Contact Person	n		202;	
	GSOCPA LLC			123	<u>∓</u>	
	151 REGIONS WAY STE 30	Firm/ Company			023 HAR 23 PH 12: 53	
					ω	
	DECEMBER 23541 5105	Address		107 S 303	H	•
	DESTIN, FL 32541-5107				$\frac{2}{2}$	•
		City/ State and Zip Cod	c	m- (2)	53	
	GSOCPALLC@GMAIL.CO	М				
	E-mail address: (to be us	sed for future annual report	notification)	_		
For further information	on concerning this matter, plea		654-9054			
Name of Contact Person		at (<u>850</u> Area Co) 654-9054 de & Daytime Telephone N	umber	_	
	or the following amount made					
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Am Div P.O	iling Address endment Section ision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 8	10		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(<u>Name</u>	of Corporation as curre	atly filed with the Florida Dep	t. of State)
P16000054933			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation a	dopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
GRACE STAFFING & CLEANING SC	LUTIONS INC		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp." "Inc." or "Co".	A professional corporation i	or the abbreviation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
			<u> </u>
C. Enter new mailing address, if appl	licable:		AR TI
(Mailing address MAY BE A POST		N / A	E. D. S.
			29 m
			N (C)
			<u> </u>
D. If amending the registered agent a			me of the
new registered agent and/or the ne	w registered office addre	<u> 285:</u>	
Name of New Registered Agent	GRACE MACIAS		
	150 BEACON WAY		
	(Florida	street address)	
New Registered Office Address:	SANTA ROSA BEACH		Florida 32459
New Registered Office Hadress.	- · · · • • • · · ·	(City)	(Zip Code)
New Registered Agent's Signature, if a I hereby accept the appointment as regis			is of the position
t nevery accept the applicament as regio	tereu ugeju. Tam jamuta 1	r wan and accept the omiganor	is of the position.
L. L.	yerid)		
	Signature of New	Registered Agent, if changing	
Check if applicable		127.1.17.6	
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (L	1) (e), r.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)

Example:

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	John Doe	
X Remove	$\underline{\mathbf{V}}$	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) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	·	<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamova			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A

The date of each amendment(s) add	N/A option:	, if other than th
late 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 blo locument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date surtment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated MARCH 22	2. 2023	
selected.	cotor, 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 d fiduciary by that fiduciary)	
(FRACE MACIAS	
_	(Typed or printed name of person signing)	
F	PS D	

(Title of person signing)