Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name

: EAGLE TAX REPRESENTATION, CORP.

Account Number : T20070000037 Phone

: (954)532-3842

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COR AMND/RESTATE/CORRECT OR O/D RESIGN USA COLOR PAINTING, INC

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Corporate Filing Menu

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COVER LETTER

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	Division	of Corpor	ations

NAME OF CORPOR	RATION: USA COLOR PA	INTING, INC	
DOCUMENT NUME	BER;P16000060248	· »·	
The enclosed Articles	of Amendment and fee are sa	ubmitted for filing,	
Please return all corres	pondence concerning this ma	atter to the following:	
	RAMON S FORMIGONI		
•	· · · · · · · · · · · · · · · · · · ·	Name of Contact Per	SOII
	EAGLE TAX REPRESENT	'A'I'ION CORP	
	5493 WILES ROAD STE 10	Firm/ Company 05	
		Address	
	COCONUT CREEK FL 330		
•		City/ State and Zip Co	ode:
pauki	g)cugle-tax.com		
	E-mail address: (to be u	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
Paulo Oliveira, EA		at (532-3842
Name o	l'Contact l'erson		lode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Plorida De	partment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Cortificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ing Address identification iden of Corporations Box 6327 hassee, FL 32314	Amer Divis Clifte 2661	of Address adment Section ion of Corporations on Building Executive Center Circle

(2) 0003/0006

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current)	y filed with the Florida Dept. of State)
P16000060248	
(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 cornoration:	
	The new
name must he distinguishable and contain the word "corpuration "Carp.," "Inc.," or Co.," ur the designation "Curp.," "Inc," or " word "chartered," "professional association," or the abbreviation "	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	419 SW Molloy St
(Principal office address MIJST BE A STREET ADDRESS)	Port Saint Lucie, FL 34984
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	419 SW Molley St
,	Port Saint Lucie, FL 34984
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Asent	
	nus (delegra)
	vet address)

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:

President; V = Vice President; T = Trassurer; 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, Treusurer, 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 Deve	
X Remove	¥	Mike Jones	•
Х Add	. \$V	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	Rodrigo C Figueiredo	9715 Arbor Oaks Ct Apt 306
Add Remove			Bocs Raton FL 33428
2) Change	VP	Ramon S Formigoni	419 SW Malloy St
Add			Port Suint Lucie FL 34984
? Remove	P	Ramon S Formigoni	419 SW Molloy St
X ∧dd			Port Saint Lucie FL 34984
Remove 4)Change	∨P	Rodrigo C Figueiredo	9715 Arbor Oaks Ct Apt 306
X Add			Boca Raton FL 33428
Remove			
5) Change Add			
Renove			-
6) Change			
∧dd			
Remove			•

	(Be specific)
And the second s	
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	-
<u>., </u>	
provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification, or concellation of issued shares, and ment if not contained in the amendment itself:
orovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or concellation of issued shares, radment if not contained in the amendment itself:
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provisions for implementing the amo	hange, reclassification, or concellation of issued shares, and ment if not contained in the amendment itself:

08/02/2016 11:29AM FAX

08/02/2016	
The date of exch amendment(s) adoption.	er than the
date this document was signed. 08/02/2016	
Effective date if applicable:	_
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The umendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
hy	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
08/02/2016 Dated	
(By a director) provident or other officer – if directors or officers have not been	
selected, by artimosporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary bythat fiduciary)	
RAMON S FORMIGONI	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_