## P16000074087

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## **COVER LETTER**

2010, APR -4 AN AM 2P

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORAT	ION: Emerald	Coast Painte	ers Co.		
DOCUMENT NUMBER: P14000074087					
The enclosed Articles of A	mendment and fee are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Jennif	er Miller			
	Emero	Name of Contact Person  IC COAST  Firm/ Company	Painters Co.		
	8246	Molina s	<u> </u>		
	Navar	Address  YL FL 36  City/ State and Zip Code	2566		
Emerald Coast Paintlys @ gmail. Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jennifer Name of Co	HILLY ontact Person	at ( 850	190-30/2 le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)		

Mailing Address
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendment	e gerinde ge
	to Articles of Incorporation	4
Ī.,	of D	0 × 2018/A = 2 - 4 8 8 8 3 3
Norm of Cor	XAICI COAST TAINT poration as currently filed with the Florida	713 CO "14" C
(Name of Cor	TO A A A A TILL OF OUT	Dept. of State)
	P160000 1908 1	
(	Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A professional co	The new corporated" or the abbreviation rporation name must contain the
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		name of the
Name of New Registered Agent		#*** <u>****</u>
	(Florida street address)	<del></del>
Now Bosistand Office Address.		Wheelds
New Registered Office Address:	(City)	, Florida(Zip Code)
	· "	• •
New Registered Agent's Signature, if changing the hereby accept the appointment as registered a		ations of the position.
	Signature of New Registered Agent, if chang	ing

address of each Officer (Attach additional sheet: Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note.	and/or I s, if neces, irector tit Presiden = Chief er, Direct d in the fa	sary)  tle by the first letter of the office title:  tl; T= Treasurer; S= Secretary; D= Director; TR= !  Financial Officer. If an officer/director holds more  tor would be PTD.  ollowing manner. Currently John Doe is listed as the  corporation, Sally Smith is named the V and S. These	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) / Change	V	Michael Miller	8246 Mouna st
Add			Navarre Fl 33566
Remove			
2) Change	<u>,</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

E. <u>If a</u> (Att	mending or a ach <i>additional</i>	dding addi I sheets, if n	tional Ar ecessary).	ticles, enter (Be specij		<b>ૄ</b> :			
- 大 - イ - イ - イ - イ - イ - イ - イ - イ - イ - イ	ticle Nex 1% 1%	VIT Snar Sind Mpar	nau Mi	ts of the the chael	right Dusin H Jer Hill	noutess Inifer	Jen 50/50 MIII WW	o we	Michal Walk on s The of
	n amendment ovisions for in (if not applic	<u>mplementlr</u>	g the am						

The date of each amendment(s) adoption: 3 27 18 , if other than the
date this document was signed.
Effective date if applicable: $\frac{1}{2}$ $\frac{1}{1}$
(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 listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(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"
by
The amendment(a) 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.
Dated 3/2748
Signature ( An Mille
(By a director, president or other officer - if directors or officers have not been
selected, by antincorporator vif in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)
Jennifer Miller
(Typed or printed name of person signing)
President
(Title of person cigning)