P17000023623

(Requestor's Name)							
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(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DENT AND PAINT TRANSFORMERS INC DOCUMENT NUMBER: P17000023623 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KRYSTLE A. HARRISON Name of Contact Person EXPRESS 1040 INC Firm/ Company 319 3RD ST NW Address WINTER HAVEN, FL 33881 City/ State and Zip Code DABNEY116@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KRYSTLE A, HARRISON Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & \$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

is enclosed)

Articles of Amendment to Articles of Incorporation of

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(<u>Name</u>)	of Corporation as currently	thed with the Florida De	pt. of State)	
P17000023623				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this F	lorida Profit Corporation	adopts the follo	owing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
DENT TRANSFORMERS INC				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc," or "Co". A			
B. Enter new principal office address.	if applicable:	N/N		
(Principal office address <u>MUST BE A S</u>		1		
		-		·
				<u> </u>
C. Enter new mailing address, if appl		at la		S +:
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	~/N		2
			123 1-2 1	≩ □
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the n	ame of the	7 . 5
new registered agent and/or the ne	·		<u> </u>	ယ
Name of New Registered Agent	DAVID W. ABNEY			
	3 CRYSTAL WATERS DR	<u> </u>		
	(Florida stre	et address)		
New Registered Office Address:	WINTER HAVEN		338 , Fiorida	80
~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	((Zip Code)	
New Registered Agent's Signature, if c	hanging Degistered Agents			
I hereby accept the appointment as regis		ith and accept the obligation	ons of the posit	ion.
		-		
	Stynature of New Re	gistered Agent, if 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		_	 NA
Add			
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

THOCH BUILDING MICELS. IT MEETSMA	articles, enter change(s) h c). (Be specific)		
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an amendment provides for an e	xchange, reclassification,	or cancellation of issu	ed shares,
provisions for implementing the a	mendment if not contains	<u>d in the amendment i</u>	<u>tself:</u>
(if not applicable, indicate N/A)			
NIA			
			·

The date of each amendment(date this document was signed.	s) adoption: NA	, if other than the
Effective date <u>if applicable</u> :	N A tho more than 90 days a	(ter amendment file date)
	nis block does not meet the applicable state. Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action and shareholder
■ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number re sufficient for approval.	of votes cast for the amendment(s)
	approved by the shareholders through vot I for each voting group entitled to vote sep	
"The number of votes	cast for the amendment(s) was/were suffic	ent for approval
by		·•
	(voting group)	
Dated	10-22-21	
sel	a director, president or other officer – if dected, by an incorporator – if in the hands content fiduciary by that fiduciary)	
	DAVID W. ABNEY	
	(Typed or printed name of	person signing)
	PRESIDENT	
	(Title of person signing)	