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IT NOV 20 AM 9: 4: SECTION OF STORY

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R. WHITE NOV 21 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ABP PAINT SER	VICES CORP			
DOCUMENT NUMBI	ER: P17000051893				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
ī	AULO DE MOURA				
_		Name of Contact Person	n		
,	ABP PAINT SERVICES CO	RP			
_		Firm/ Company			
Ĺ	4741 NE 21 TER APT 2				
_	Address				
1	LIGHTHOUSE POINT FL 3	3064			
_	<u> </u>	City/ State and Zip Cod	e		
	E-mail address: (to be us	sed for future annual report	notification)		
			,		
For further information	concerning this matter, pleas	se call:			
PAULO DE MOURA		561 at (577-6177 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 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)		
<u>Maili</u>	ng Address	Street	<u>Address</u>		
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

17 NOV 20 AM 9: 43

ABP PAINT SERVICES CORP		SECERTALY OF LITATE
(Name o	of Corporation as currentl	v filed with the Florida Deption State () A File A A EA
P17000051893		
	(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:	
ABP PAINT CONSTRUCTION CORP		The new
	nation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)		4741 NE 21 TER APT 2
		LIGHTHOUSE POINT FL 33064
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4741 NE 21 TER APT 2
		LIGHTHOUSE POINT FL. 33064
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent		
		reet address)
New Registered Office Address:	4741 NE 21 TER APT 2 L	.IGHTHOUSE POINT 33064 (City) (Zip Code)
		(Cray Tzap Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		<u>:</u> with and accept the obligations of the position.
	W.	
	Signature of New k	Registered Agent, if changing

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: <u>X</u> Change	<u>pŢ</u>	John De	<u>0e</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	Р		PAULO DE MOURA	4741 NE 21 Ter Apt 2
Add				Lighthouse Point FL 33064
Remove				
2) Change		_		
Add				
Remove				
3) Change	<u> </u>	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessarý).	(Be specific)
	
-	
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares. endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirement. Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ame sufficient for approval.	endment(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendmen	g statement u(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sl	nareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareh	oolder
11/15/20 Dated		
Signature		
∠(By a selec	director, president or other officer – if directors or officers have reted, by an incorporator – if in the hands of a receiver, trustee, or o inted fiduciary by that fiduciary)	
	PAULO DE MOURA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	