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Division of Corporations

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From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : I20080000061 Phone : (407)582-9830 Fax Number : (407)601-6393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

≓mail.	Address:			

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T SCHROEDER

TO: Amendment Section

## **COVER LETTER**

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2661 Executive Center Circle Tallahassee, FL 32301

Division of Corp	oorations					
NAME OF CORPO	RATION: OLIVER PAINTE	NG, CORP				
	BER: P17000057370		<del>,</del>			
The enclosed Articles	of Amendment and foc are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	MARIA D PINHEIRO					
		Name of Contact Person				
	ALPHA BUSINESS CONSULTING LLC					
		Firm/ Company				
	6412 W COLONIAL DR	, ,				
	Address					
	ORLANDO, FL 32818					
		City/ State and Zip Code	£			
pinh	pinheiromaria@art.net					
	E-mail address: (to be u	sed for future annual report	notification)			
Por further information	on concerning this matter, pleas	se call:				
MARIA D PINHEIRO		at (407	582-9830 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment of State:			
□ \$35 Filing Fee	☐\$43.75 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Section n of Corporations Building			

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of

(Name of Corner	ation as currently filed with the Florida Dept. of State)
217000057370	ation as currency med with the Fibrida Dept. of State)
(Doc	cument Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Flores Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the	corporation:
AMERICAN BEST NUMBER ONE, CORP	The new
	word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the
t. <u>Enter new principal office address, if applical</u> Principal office address <u>MUST BE A STREET A</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>	ed office address:
Name of New Registered Agent	
	(Florida street address)
	Trioring street aggress)
	55 2
New Registered Office Address:	(City) (Zip Code)

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			<del>-</del>
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			<u> </u>
4) Change			8 - 8
Add			
Remove			STALE LORIDA
5) Change			
Add			
Remove			
<ul><li>∅ Change</li></ul>			
Add			<u> </u>
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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If an amendment provides for an eval	ange, reclassification, or cancellation of issued sh	haires SS 1
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	08/07/2019	
The date of each amendment(s) adoption date this document was signed.	ption:	_, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement tich voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
aUGUST 07, Dated	2019 CLAHAM	F1L
Signature	552	_ & —
	ctor, 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 —	<u> </u>
аррониес	i nuderary by dist riddenstry)	<u> </u>
V	ANDERLEI DE OLIVEIRA	<b>6</b> 51
<del></del>	(Typed or printed name of person signing)	<del></del>
P	RESIDENT	
<del>-</del>	(Title of person signing)	