PM000092170

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TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: JC PAINTING AN	ND MORE INC	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
ı	CESAR DE JESUS GOMEZ		
•		Name of Contact Person	n
-		Firm/ Company	
		Address	
	ESI VISION (CO) (E-mail address: (to be us	City/ State and Zip Cod GMAIL. COM sed for future annual report	
For further information	concerning this matter, pleas	se call:	
Clessor de Jane o	2SUS Gomez.	at (at Co	de & Davtime Telephone Number
Enclosed is a check for	the following amount made		,
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>Mail</u>	ing Address	Street	Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

JC PAINTING AND MORE INC

· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P17000092170	
(Documen	nt Number of Corporation (if known)
	tatutes, this Florida Profit Corporation adopts the following amendment(s
its Articles of Incorporation:	
A. If amending name, enter the new name of the corp	oration:
	$Tt \dots \dots$
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the abi	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A,"
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	
new registered agent and/or the new registered our	fice address:
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	, Florida
The Treggmental Cymee Hauress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
hereby accept the appointment as registered agent. I a	om familiar with and accept the obligations of the position.
Signatu	ire of New 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: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
\underline{X} Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
L) Change	V	JULISSA D. FIGUEROA	3664 MIL LAKE CIR	
X Add			GREENACRES, FL 33463	
Remove				
2) Change	<u>v</u>	EDUIN VELASQUEZ	3664 MIL LAKE CIR	
Add			GREENACRES, FL 33463	
X Remove				
3) Change				
Ad d				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach ad	z or adding additional Articles, enter change(s) here: tional sheets, if necessary). (Be specific)
If an am	iment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	for implementing the amendment if not contained in the amendment itself:
(if i	applicable, indicate N/A)

	12/18/2017	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/18/2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were at by the shareholders was/were:	lopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	oproved by the shareholders through voting groups. The following some each voting group entitled to vote separately on the amendment(s,	
"The number of votes can	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and share	eholder
The amendment(s) was/were acaetion was not required.	dopted by the incorporators without shareholder action and sharehold	der
12/18/20	74	
Dated	<u>//</u>	
/	10/1	
Signature 🕢	Air IX A	
	effector, president or other officer - if directors or officers have not	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other	er court
арро	nted fiduciary by that fiduciary)	
	CESAR DE JESUS GOMEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

. . .

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

$_{_{ m I}}$ EDUIN VELASQUE	hereby resign as VP
	(Title)
of JC PAINTING AND	
(Name	of Corporation)
P17000092170 (Document Number, if known)	, a corporation organized under the laws of the State of
FLORIDA	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314