## P17DDD009278

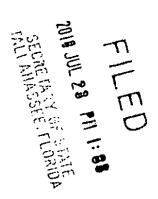
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Ace Spray & Cor	tracting Inc			
DOCUMENT NUM	BER: P17000099278				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Adam Collazo				
	·	Name of Contact Perso	n		
	Ace Spray & Contracting In	nc			
		Firm/ Company			
	6663 Narcoossee Rd STE #178				
	Address				
	Orlando, Fl 32822				
		City/ State and Zip Cod	le		
Aces	sprayac@gmail.com				
		sed for future annual report	notification)		
	on concerning this matter, pleas	se call:			
Adam Collazo		at (	7707542 ) de & Daytime Telephone Number		
Name	of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment 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 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address  dment Section  on of Corporations  1 Building  Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Ace Spray & Contracting Inc.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P17000099278				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporat, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	6663 Narcoossee Rd			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	STE #178			
	Orlando, Fl 32822			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6663 Narcoossee Rd			
	STE #178			
	Orlando, FI 32822			
D. <u>If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre</u>				
Name of New Registered Agent				
er torata :	street address)			
New Registered Office Address:	, Florida			
	104 Cont			
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.			
Signature of Nov	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 Do	<u>e</u>		
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>		
X Add	<u>SV</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_		-	
Add				-	
Remove				-	
2) Change					
Add					
Remove					
3 ( Change					
Add			-	_	
Remove					
4) Change		_	A - B-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	-	
Add					
Remove					
5) Change		_		_	
Add				-	
Remove					
6) Change		_		-	
Add					
Parmata					

E. If amending or adding additional A	rticles, enter change(s) here:
(Attach additional sheets, if necessary)	). (Be specific)
N/A	
-	
<u> </u>	<del></del>
-	
E. If an amandment provides for an ex-	schange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s):	idoption: if other than the
date this document was signed.	
	8/18
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 f	block does not meet the applicable statutory filing requirements, this date will not be listed as the lepartment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac by the shareholders was were:	lopted by the shareholders. The number of votes east for the amendment(s) afficient for approval.
☐ The amendment(s) was/were a must be separately provided for	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes car	t for the amendment(s) was/were sufficient for approval
by	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	(voting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
7/18/18 Dated	
(By a selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Adam Collazo
	(Typed or printed name of person signing)
	President
	(Title of person signing)