PISOCO 20436

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(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: FORD Family Finishes
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Ryan Ford Name of Contagt Person Ford Family Finishes Firm/Company 4525 Fulton Road Address Jacksonville FL 32225 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Katring Redmond at 71(2) 200 - (645)
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

TO: Amendment Section

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation

FILED

	Articles of Incorporation	V Fina la U
Ford Fam	ily Finishes	2019 JAN 28 PM 3: 50
(Name of Cor)	poration as currently filed with the Flor	rida Dept. of State)
		TALLAJACSEE, FL
(1	Document Number of Corporation (if known	wn)
ursuant to the provisions of section 607,1006, I s Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corpo</i>	pration adopts the following amendment(s
. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain th Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association," o	"Corp," "Inc," or "Co". A professiona	"incorporated" or the abbreviation
Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u>		
	· · · · · · · · · · · · · · · · · · ·	
		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFIC	CE BOX)	
If amonding the registered court and/or -	animand office address in Physide	
 If amending the registered agent and/or re new registered agent and/or the new registered. 		r the name of the
Name of New Registered Agent		
Traine of the Tregister Fat Tigern		
	(Florida street address)	
New Registered Office Address:		, Florida
New Registers (Thee Multer)	(City)	(Zip Code)
cw Registered Agent's Signature, if changin hereby accept the appointment as registered ag	o <u>g Registered Agent:</u> gent. I am familiar with and accept the o	bligations of the position.
•	-	•
	Signature of New Registered Agent, if ch	

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>œ</u>				
X Remove	<u>V</u>	Mike Jo	nes				
X Add	<u>sv</u>	Sally Si	<u>nith</u>				
Type of Action (Check One) 1) Change Add Remove	Title	<u>.</u>	Name Harvey	Marco	Address 4539 100650 320	Fulton on the state of the stat	Roa
2) Change Add Remove 3) Change Add							
Remove 4) Change Add Remove							
5) Change Add Remove		_					
6) Change Add Remove		_		 			

	(Be specific)
<u> </u>	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, industrial industr
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself;
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself;
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and and in the amendment itself;

he date of each amendment(s) adoption:	, if other than the
ate this document was signed.	
ffective date if applicable:	
(no more than 90 days after amendment file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ocument's effective date on the Department of State's records.	I not be listed as the
doption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/84/19	
Signature Latring Leanons	
(By a director, president of other officer - if directors or officers have not been	_
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Katrina Redmand	
(Typed or printed name of person signing)	
secreforu	
(Title of person signing)	
\ /	