P18000 99837

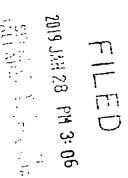
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

GAME OF CORPORATION: CLISTOM PAINT by Wood Doctor Inc
OOCUMENT NUMBER: P18CCO 099837
The enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
MILTON GIL Name of Contact Person Out Character Description (August 1998)
Custom Paint by Wood Doctor Inc Firm/Company 5087 Salerno Ct Address
Ave Maria, F1 34142 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Milton Gil at (239) 273-3605 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Custom Paint	by Wead Doctor Inc
(Name of Corporation	as currently filed with the Florida Dept. of State)
Pi800	0099837
(Documen	tt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
	The new
	"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 MUST BE A STREET ADDRI	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	بن
D. 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 on	net auurtss.
Name of New Registered Agent	•
,	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I a	ım familiar with and accept the obligations of the position.
Signatu	re 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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT John l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP_	Olson Gil	5087 Salerno St
Add Remove			Ave Maria, F134142
2) Change Add	<u>VP</u>	O'Bryan Gil	<u>5087 Salerno</u> St Ave Maria, Fl 34142
Remove 3) Change Add			
Remove 4) Change			
Add			
5) Change Add			
Remove			
Add			
Remove			

	(Be specific)				
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				,	
an amendment provides for an exc	hange, reclassi <u>f</u>	ication, or cancel	lation of issued s	hares,	
provisions for implementing the am (if not applicable, indicate N/A)	endment if not o	contained in the a	mendment itself	<u>:</u>	
	··	 -	<u>.</u>		

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on th	
"The number of votes cast for the amendment(s) was/were sufficient for appro-	val
hy	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	on and shareholder
Dated	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	
Milton Gil (Typed or printed name of person signing)	
(Typed or printed name of person signif	ng)
President	
(Title of person signing)	