Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : 120090000046

Phone Fax Number : (239)274-8290 : (239)415-7373

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN ZULY PAINTING & SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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Electronic Filing Menu

Corporate Filing Menu

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MAR 27 2019

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Articles of Amendment to Articles of Incorporation of

2019 MAR 26 AM 10: 45

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|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| | ZULY PAINTING & SERVICES, INC. | or old |
| (Name of | Corporation as currently filed with the Florida Dept. of | State) |
| | P19000024476 | |
| | (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.10 its Articles of Incorporation: | 06, Florida Statutes, this Florida Profit Corporation adopt | s the following amendment(s) to |
| A. If amending name, enter the new nam | e of the corporation: | |
| | UETZALY PAINTING & SERVICES, INC. | _, |
| name must be distinguishable and contai "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio | n the word "corporation," "company," or "incorporate on "Corp," "Inc," or "Co". A professional corporation," or the abbreviation "P.A." | The new ed" or the abbreviation name must contain the |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR | applicable: EET ADDRESS) | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF | ble: FICE BOX | |
| D. If amending the registered agent and/o new registered agent and/or the new r Name of New Registered Agent | or registered office address in Florida, enter the name of egistered office address: | <u>the</u> |
| _ | (Florida street address) | |
| New Registered Office Address: | , Flo | rida |
| | (City) | (ZIp Code) |
| New Registered Agent's Signature, if chan hereby accept the appointment as registered | d agent. I am familiar with and accept the obligations of t | he position. |
| | Signature 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 | PT | John Doc | |
|-------------------------------|-----------|-------------|-----------------|
| X Remov¢ | <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 | | | |
| Rcmove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Ramove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| の Change | | · | |
| Add | | | |
| Pamoua | | | |

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| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| an amendment provides for an exchaprovisions for implementing the ameno (if not applicable, indicate N/A) | inge, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself: |
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|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------|-------------------|--|--|
| : | The date of each amendment(s) adoption: date this document was signed. | 03/25/2019 | | - | if other than the | | |
| ; | Effective date if applicable: | | | | | | |
| ; | (no more than 90 days after amendment file date) | | | | | | |
| | Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. | | | | | | |
| | Adoption 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 arr | nendment(s) was/wer | e sufficient for approval | | | | |
| | by | | , | | | | |
| | 6 | oting group) | · | | | | |
| | ☐ The amendment(s) was/were adopted by the action was not required. | e board of directors | without shareholder actio | n and shareholder | | | |
| | ☐ The amendment(s) was/were adopted by the action was not required. | e incorporators with | out shareholder action and | i shareholder | | | |
| | 03/25/2019 Dated | | | | | | |
| | Signature | stul. | | | | | |
| | (By a director, prosched, by an in | esident or other office corporator - if in the ry by that fiduciary) | er – if directors or officer hands of a receiver, trust | s have not been se, or other court | _ | | |
| | | ZULY ÇA | RLOTA HERVIAS PER | EZ | | | |
| | | (Typed or printed n | ame of person signing) | | | | |
| PRESIDENT | | | | | | | |
| | | (Title o | f person signing) | | · | | |