P9000070602

| (Requestor's Name) | | | | |
|---|--------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| | | | | |
| (Do | cument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR | ATION: Staight 1 | Pressure Clear | 2 Rainting |
|--|---|--|--|
| | er: <u><i>P19000070</i></u> | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | atter to the following: | |
| | 2108 Beek | Address Address Day FL City/ State and Zip Cod | 32905 |
| For further information | concerning this matter, plea | se call: | |
| Ednor Name o | Burton Contact Person | at (<u>32 </u> | de & Daytime Telephone Number |
| | the following amount made | | |
| | S43.75 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation of

| Straight Pr | ressure Clean & Painting ly filed with the Florida Dept. of State) |
|---|--|
| (Name of Corporation as current) | y filed with the Florida Dept. of State) |
| P1900007 | 70602 |
| | f Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: | |
| Straight Pressure name must be distinguishable and contain the word "corporation," "e "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2 "chartered," "professional association," or the abbreviation "P.A." | A professional corporation name must contain the word |
| B. Enter new principal office address, if applicable: | 2108 Beekman St. |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | 2108 Beekman St. Palm Bay FL 32905 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 2108 Beekman St. Pain Bay FL 32905 |
| D. If amending the registered agent and/or registered office address Name of New Registered Agent | |
| | |
| (Florida str | vet address) |
| New Registered Office Address: | Florida |
| | (City) (Zıp Code) |
| New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v | |
| Signature of New Ro | egistered Agent, if changing |
| | |

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X_Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|-------------|-----------------|
| X Remove | V | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 51 Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | ticles, enter change(s) here: (Be specific) | |
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| f an amendment provides for an exc | change, reclassification, or cancellation of issued shares, | |
| provisions for implementing the amount of the implemental (if not applicable, indicate N/A) | endment if not contained in the amendment itself: | |
| | | |
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| The date of each amendment(s) ad date this document was signed. | option: <u>march</u> | 19th, 2023 | , if other than the |
|--|----------------------------------|---|------------------------------------|
| Effective date <u>if applicable</u> : | | | |
| | (no more than 90 | days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the Dep | | ble statutory filing requirements, t | his date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adoption was not required. | oted by the incorporators, or bo | oard of directors without sharehold | er action and shareholder |
| ☐ The amendment(s) was/were adop by the shareholders was/were sut | | number of votes cast for the amend | lment(s) |
| ☐ The amendment(s) was/were appr must be separately provided for a | | ugh voting groups. <i>The following s</i> ote separately on the amendment(s, | |
| "The number of votes cast f | or the amendment(s) was/were | sufficient for approval | |
| by kn | -a- | | |
| | (voting group) | | |
| Dated 03 | 119/2023 | | |
| Signature (By a dir selected | ector, president or other office | er – if directors or officers have not hands of a receiver, trustee, or othe | |
| - | Edmen (Typed or printed no | Burton nme of person signing) | |
| - | OWner (Title of person sign | ning) | |