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MAR 12 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: ROCKS+cv	Painting +	Pressure	Washing, In

The enclosed Articles of Amendment and fee are submitted for filing.

DOCUMENT NUMBER: P20000331

Please return all correspondence concerning this matter to the following:

Michelle Winterroud	
Name of Contact Person	
hockstar Painting & Pressure Wa	shing, Inc
Firm/ Company	0
10552 Fort Caroline Rd	
Address	
Jacksonille, FL 32235	
City/ State and Zip Code	
rockstarpr.fl@gmail.com	
E-mail address: (to be used for future annual report potification)	

For further information concerning this matter, please call:

1

nichelle Winterroud	a1 (904) 343.5833
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:

S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is	\$52.50 Filing Fee Certificate of Status Certified Copy
		enclosed)	(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, Ft. 32303

Articles of Amendment Articles of Incorporation of

	01	1.5 -1.5	 _
Rochstar rainta	q + Pressure	Washing	·\\
	as currently filed with the Flor	ida Dept. of State)	
h90000039	2134		
(Documer	nt Number of Corporation (if kno	wn)	
rsuant to the provisions of section 607.1006, Florida S Articles of Incorporation:	Statutes, this <i>Florida Profit Corpo</i>	eration adopts the following a	amendment(s
If amending name, enter the new name of the corp	poration:		
Rochstar Pain		7	Pl
me must be distinguishable and contain the word "corp			
nc.," or Co.," or the designation "Corp," "Inc," o	or "Co". A professional corpo	pration name must contain	the word
hartered," "professional association," or the abbrevi	ation "P.A."		ι. -,
Enter new principal office address, if applicable:			<u>:</u>
rincipal office address <u>MUST BE A STREET ADDR</u>	RESS)		1
			-
			<u> 7%</u>
Process of the state of the block in			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX))		···
. If amending the registered agent and/or registered	d office address in Florida, ente	r the name of the	
new registered agent and/or the new registered of			
M. CM. D. C. A. C. A. C. A. C.			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	de)
ew Registered Agent's Signature, if changing Regis	tered Agent: am familiar with and accept the o	bligations of the position.	
ew Registered Agent's Signature, if changing Regis tereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the o	bligations of the position.	
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. It	tered Agent: am familiar with and accept the o	bligations of the position.	
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I d	tered Agent: am familiar with and accept the o	bligations of the position.	

Check if applicable

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

The date of each amendment(s)	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements epartment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were acaction was not required.	opted by the incorporators, or board of directors without shareho	lder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the ame ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	P25 i
by	·"	7;
	(voting group)	4 :
	_	-
Dated	3-3-2005	<u></u>
		<i>r</i>
Signature	lirector, president or other officer – if directors or officers have n	at house
	ed, by an incorporator – if in the hands of a receiver, trustee, or of	
	ted fiduciary by that fiduciary)	ner court
аррог	ned fidderary by that fidderary)	
	Michelle Wintermoud (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	