

P2200030129

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H24000369439

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000369439 3)))



H240003694393ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : API PROCESSING  
Account Number : I20110000069  
Phone : (954)567-0013  
Fax Number : (954)567-3401

2024 NOV -6 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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

Email Address: Annette@api.processing.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WORLD RAINBOW PAINTING AND RESTORATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
2024 NOV -6 PM 3:19  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

Page 2 of 4  
H24000369439

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: World Rainbow Painting and Restoration, Inc.

DOCUMENT NUMBER: P22000030129

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

Please return all correspondence concerning this matter to the following:

ANNETTE MOTA

Name of Contact Person

API PROCESSING - LICENSING INC

Firm/ Company

3419 GALT OCEAN DRIVE SUITE A

Address

FORT LAUDERDALE FL 33308

City/ State and Zip Code

ANNETTE@APIPROCESSING.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 NOV - 6 AM 10:45

FILED

For further information concerning this matter, please call:

ANNETTE MOTA

at ( 954 )

567-0013 X 12

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

☐ \$43.75 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

Page 3 of 6  
H24000369439

Articles of Amendment  
to  
Articles of Incorporation  
of

WORLD RAINBOW PAINTING AND RESTORATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P22000030129

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

4926 CYPRESS WAY

COCONUT CREEK FL 33073

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

4926 CYPRESS WAY

COCONUT CREEK FL 33073

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent TEIXEIRA REGINALDO

4926 CYPRESS WAY

(Florida street address)

New Registered Office Address: COCONUT CREEK FL 33073

(City)

Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

Check if applicable

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

2024 NOV - 6 AM 10:45  
STATE OF FLORIDA  
TALLAHASSEE, FL

FILED

Page 4 of 4

H24000369439

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>HAL M EISENSTEIN</u>	<u>6601 LYONS RD C #2</u>
<input type="checkbox"/> Add			<u>POMPANO BEACH FL 33073</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>CEO</u>	<u>REGINALDO TEIXEIRA</u>	<u>4926 CYPRESS WAY</u>
<input checked="" type="checkbox"/> Add			<u>COCONUT CREEK FL 33073</u>
<input type="checkbox"/> Remove			
3) <input checked="" type="checkbox"/> Change	<u>CAO</u>	<u>MELISSA GOUPE</u>	<u>4926 CYPRESS WAY</u>
<input type="checkbox"/> Add			<u>COCONUT CREEK FL 33073</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>COO</u>	<u>DRBW TREISCHMANN</u>	<u>4926 CYPRESS WAY</u>
<input checked="" type="checkbox"/> Add			<u>COCONUT CREEK FL 33073</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2024 NOV 6 AM 10:45  
CLAHASSEE, FL

FILED

Page 5 of 6

H24000369439

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

*[This section contains horizontal lines for text entry, which have been crossed out with a diagonal line.]*

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:  
(If not applicable, indicate N/A)

*[This section contains horizontal lines for text entry, which have been crossed out with a diagonal line.]*

2024 NOV - 6 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

Page 6 of 6  
H24000369439

The date of each amendment(s) adoption: \_\_\_\_\_, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 Reginaldo Teixeira  
(voting group)"

Dated Nov 5, 2024

Signature Reginaldo Teixeira (Nov 5, 2024 17:01 EST)

(By a director, president or 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)

Reginaldo Teixeira

(Typed or printed name of person signing)

VP

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 NOV -6 AM 10:45

FILED