P94000019617

(Re	equestor's Name)	
(Ad	dress)	
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Aprend.

10-21-10



COVER LETTER

TO: Amendment Section Division of Corporations

•	
NAME OF CORPORATION:	Natural Art Wallcover + Painting Inc
DOCUMENT NUMBER:	94000019617
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
Da	Name of Contact Person
	nal Act Wall cover + Painting Inc.
530	Stahlman Ave Address
Dest	City/ State and Zip Code
E-mail addre	ess: (to be used for future annual report notification)
For further information concerning	this matter, please call:
David Shawn S Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
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 A	mendment		يهتين د
	to Articles of Inc			
	of	•	`	
(Name of Corporation as c			inting Inc.	THE STATE OF THE S
P 940	00019617	-		
(Document	Number of Corpora	ation (if known)		
rsuant to the provisions of section 607 nendment(s) to its Articles of Incorporation		utes, this <i>Florida I</i>	Profit Corporation a	dopts the following
If amending name, enter the new nam	ne of the corporati	ion:		
obreviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered," Enter new principal office address, if the principal office address MUST BE A STA	"professional assoc applicable:	iation," or the abb		\ve
Enter new mailing address, if application (Mailing address MAY BE A POST O		536 S	tchl Man 1	-
If amending the registered agent and new registered agent and/or the new Name of New Registered Agent:			da, enter the name o	<u>f the</u>
	5.21	61 11.		
New Registered Office Address:		Stahlman rida street address)		
	<u>Dest</u> (City))	, Florida 3. (Zip Code)	2541
w Registered Agent's Signature, if cha	inging Registered	Agent:		
ereby accept the appointment as register	ed agent. I am fan	niliar with and acce	ept the obligations of	the position.
			· · · ·	
	Signature of New	w 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)

<u>Title</u>	Name	<u>Address</u>	Type of Action _ ☐ Add _ ☐ Remove
			_
			_
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specifi		
Please	change the ad	dress for dire	ctor David Shawn Steel
	536 Stahlma Destin, Fl 3		
provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	nssification, or cancellation of is ot contained in the amendment	sued shares, itself:
<u>-</u>			

The date of each amendment(s) adoption	: 10/15/10
	(data of adoptibu is upperiuse)
Effective date <u>if applicable</u> :	nan 90 days after amendment file date)
(no more th	an 90 days after åmendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
	by the shareholders through voting groups. The following statemen of the group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	,,,
by(voting grou	ip)
action was not required.	y the board of directors without shareholder action and shareholder y the incorporators without shareholder action and shareholder
selected, by an ir	resident or other officer – if directors or officers have not been accorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)
	(Typed or printed name of person signing)
(Tit	D'rector