## P95000000407

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE

Amend

TB

2-25-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: ROOT	ting & Decorating Inc
DOCUMENT NUMBER: P9500000	407
The enclosed Articles of Amendment and fee are subn	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Pocco J. Orme (Name of Contact	Person)
RSQ Painting & D	ecorating Inc.
1217A Persimma (Address	Blvd.
RPS FI 33411 (City/ State and 2	Zip Code)
For further information concerning this matter, please	call:
POCO Amento Je at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Department of State:
\$35 Filing Fee \$3.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  \$\$\$ Certified Copy (Additional Copy is enclosed)
Amendment Section A	reet Address mendment Section ivision of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2009

ROCCO J. ARMENTO JR. RJA PAINTING & DECORATING, INC. 12174 PERSIMMON BLVD ROYAL PALM BEACH, FL 33411

SUBJECT: RJA PAINTING & DECORATING, INC.

Ref. Number: P9500000407

We have received your document for RJA PAINTING & DECORATING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 209A00003627

RECEIVED

2009 FEB St. AH 8: 00

SECRETARY OF STATE
TALL AHASSEE, FLORIDA
TALL AHASSEE, FLORIDA

## Articles of Amendment to Articles of Incorporation of

Tale State	Zin.	~	
ARASSE OF S. O.	74\SEC <sub>85</sub>	FE824	150
		SEEDES	8.04 2.04
State)	State)	(d)	NEA TE

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

(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	he	distinguishal	ole and	contain	the	word	"corporation,	" "сотра	пу," о	ř
"inc	orpor	ated"	or the	abbi	eviation "Co	rp., " " $I$	nc.," or	Co.,	" or th	he designation	"Corp, " ".	Inc," of	,
" $Co$	".	4 pi	rofessio	mal	corporation	name	must co	ntain	the v	vord "charter	ed," "prof	<sup>l</sup> essiona	İ
asso	ciatio.	n," or	the ab	brev	iation "P.A."								

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

Rocco AlmiroTOC	<u> </u>
12174 PERSIMMON	Blud
ROYAL PALL BRACK	

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

fice address in	ı Florida,	enter	the	name	of the
address					

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:

New Registered Office Address: (Florida street address)

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

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)

Title	<u>Name</u>	<>> ∩¢	<u>Address</u>	Type of Action
P	RoccoJ	armanto	9298 Nugent Tr. WPB FI 33411	☐ Add ☐ Remove
5_	Melisa A	mento	12174 Persinger Blooder FI 33411	Add Remove
	· .			Add Remove
	ding or adding additional sheets, if neces			
*				
provisi	ions for implementing to not applicable, indicate in the content of the content o	<u>he amendment if n</u>	assification, or cancellation of issot of contained in the amendment in	ued shares, tself:
	- 			

The date of each amendment(s) adoption:
Effective date if applicable: 500 22 12009
(no more than 90 days after amendment file date)
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 mendment(s) was/were sufficient for approval
by"
(voting group;
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature  (By a director, president for 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)  Rowa Almento TR  (Typed or printed name of person signing)
(Title of person signing)