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Division of Comorations

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To:

Division of Corporations

Fax Number : (8:0)617-6380

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070

Phone Fax Number : (305)541-3980 : (3115)541-7033

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

Email	Address:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN INCLAN PAINTING AND WATERPROOFING, CORP.

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COVER LETTER

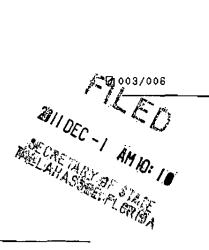
TO: Amendment Section Division of Corporations

NAME OF CORPORATION: INCLAN PAINT	NG AND WATERPROOF	FING, CORP.
DOCUMENT NUMBER: P95000036237		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
OLIVIA MEDINA		
OLIVIA MEDINA	ame of Contact Person	<u> </u>
ACCOUNTANT & MANAGEMI	FNT	
	Firm/ Company	——————————————————————————————————————
1549 NE 123RD ST		
	Address	
NORTH MIAMI, FL 33161	-/ Cara - 17: 0-1	
Ci	ty/ State and Zip Code	
INFO@SOLUTIONSBYACCOUN	TANTS COM	·
E-mail address; (10 be us	sed for future annual report	nouncation)
For further information concerning this matter, plea-	se call:	
•		
OLIVIA MEDINA	at (<u>305</u>	
Name of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
☑ \$35 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

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Articles of Amendment to Articles of Incorporation of



	led with the Florida Dept	or State)
P95000036237		
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this Florida	Profit Corporation adopts the folia
A. If amending name, enter the new name of the co	rporation;	
The new name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp." "Inc." or "	"Co". A professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	! ORESS)	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE RO.	<u>x</u>)	
	·-···	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:		
	(Florida street address)	
,	•	m. 11-
New Registered Office Address:	(City)	, Florida(Zip Code)

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If AMENDII	NG the Officers and/or Dec. Please indicate the til	<u>lirectors, please lis</u> le(s), name and ad	<u>t all officers/di</u> dress for each o	rectors of the corpora	tion 85 you now want
Our databas additional sh	e can index up to 6 office	ers/directors. If yo	u have more the	an 6 officers/directors.	please list them on an
Title(s)	<u>Name</u>		Ado	lress	
1)					
2)			_		
	•	•			
3)					
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4)					
5)					
*/ 					
				- , -	
6)	 -				
			. 4841 - 201	of the officer/direct	or to be removed:
If REMOVI	NG an officer and/or dire	ctor, please list the	titleisi and hai	ne of the othernometr	of to be removed.
Title(s)	Namo		Title(s)	<u>Name</u>	
1) <u>VPD</u> _	INCLAN, ILEANA		4)		
2)			5)		
 \			٤)		

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E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	:(s) <u>here</u> :				
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(if not applicable, ina	licate N/A)
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ective date <u>if applicable</u> :	
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	(AND MAKE A MAKE) FOR MAKE A M
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