

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016463

1. Corporation Name

SPECTRUM PAINTING AND HOME REPAIR. INC.

Principal Place of Business

Mailing Address

3450 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931

3450 SOUTH ATLANTIC AVENUE

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90053 041 ***150.00



COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/19/1998 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 4133 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certifcate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zip Country Beware 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARR, BRIGID T Street Address (P.O. Box Number is Not Acceptable) 82 3450 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931 83 Zip Code 84 City F 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, ☐ Change ☐ Addition □ DELETE 11 TITLE TITLE CARR, BRIGID T 1.2 NAME NAME 3450 SOUTH ATLANTIC AVENUE 1.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2, 4 CITY-ST-ZIP. Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Thereby certify that the information supplied with this filling does not qualify for the exemple and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CR2E034 (11/98