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SECRETARY OF STATE

Amand C.COULLIETTE

OCT 172008

EXAMINER

COVER LETTER

.TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Anthon	ws Mobile Fl	obicovering Inc
DOCUMENT NUMBER: P030010	27569	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Elizabeth M (Name of C	Dasterton Contact Person)	
anthony: S F	- loor Store Company)	
0632 Palm	Bay Rd.(<u>18</u>
Palm Bay (City/State	FL 3390 5 and Zip Code)	
For further information concerning this matter, ple		
Elizabeth Masterton (Name of Contact Person)	at (<u>321</u>) <u>733</u> (Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{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 Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le

Articles of Amendment

Articles of Incorporation of

•	VI	
Centhony's Mot	oile Floorcovering I	-0C.
	rrently filed with the Florida Dept. of	
<u> </u>	5100	
	lumber of Corporation (if known)	
Description of a state of the second state of	000 El 11 G	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of Inc.		fit Corporation adopts the
A. If amending name, enter the new name	e of the corporation:	
The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation no association," or the abbreviation "P.A."	," "Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address <u>MUST BE A STRI</u>		
	·	
		Z _S
C. Enter new mailing address, if applicab	alo:) 8 0 ECR LA
(Mailing address MAY BE A POST OF	FICE BOX)	HE CI
		SS J
		<u> </u>
D. If amending the registered agent and/o	r registered office address in Florida. e	- A Section 2015 And
new registered agent and/or the new re		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan	ging Registered Agent:	
I hereby accept the appointment as register position.		cept the obligations of the
_	Signature of New Registered Agent, if co	hanaina
	Dignature of thew Registered Agent, if the	тиндиц

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	Name	Address	Type of Action
Ossistant Secretar	Craig mastertan	439 Evergreen St. 18 Palm Bay Florida 32907	Add Remove
			Add Remove
			Add Remove
(attach addit	ional sheets, if necessary). (Be specific	•)	
provisions	dment provides for an exchange, reclar for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: 10-08-3008
Effective date if applicable:
Effective date if applicable: (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 amendment(s) was/were sufficient for approval
by"
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.
Dated 10 08 08
Signature
(Typed or printed name of person signing)
President (Title of person signing)