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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: COVE Ceilings Inc DOCUMENT NUMBER: P0400000 7443
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT GREIGHON
Name of Contact Person COUC CC/(1/6 S In C
943 NEZSADE
Pompaea But H 33062
City/ State and Zip Code
ROBERT CHISHOW @ ATT. NOT E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAUID GUSTAN al 454, 646 3923
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

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Articles of Incorporation	
Care Coilins 1 In oct -	2 AM 11: 42
(Name of Corporation as currently filed with the Florie	la Dept of State)
V0400000 7443	· -
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address: Name of New Registered Agent	the name of the
(Florida street address)	
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obtained agent.	ligations of the position.
Signature of New Registered Agent, if cha	maina

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> </u>	19 ATTITEW G113HON	1990 NE 25 AUE
Add		MATTITEW GISHON	Paufuw BUT M
Remove			33066
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	d/α
		10/17
		1
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f an amendment provides for an exch provisions for implementing the ame	<u>iange, reclassific</u> ndment if not co	ation, or cancellation of issued shares, ntained in the amendment itself:
(if not applicable, indicate N/A)	N/a	
	<u> </u>	

The date of each amendment(s) adop	tion:	NA	, if other than the
date this document was signed.		do	
Effective date <u>if applicable</u> :		M/17	
	(no more ti	han 9b days after amendm	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depar			requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopte by the shareholders was/were suffic		. The number of votes cas	it for the amendment(s)
☐ The amendment(s) was/were approvious to be separately provided for each			
"The number of votes cast for		• • • • • • • • • • • • • • • • • • • •	oval
hy			
	(voting group)		
☐ The amendment(s) was/were adopte action was not required.	d by the board of dire	ectors without shareholder	action and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporators	s without shareholder action	on and shareholder
Dated	28/17	<u> </u>	
Signature			
	tor, president or other	r officer – if directors or o	fficers have not been
selected, b	y an incorporator – if	in the hands of a receiver	
appointed	fiduciary by that fidu	ciary)	
	ROBERT	G119HON inted name of person signi	
	(Typed or pri	inted name of person signi	ng)
	<i>y</i> ,	RESIDENT	
	(*	Title of person signing)	