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SLONETARY OF STATE
TALL ANASSEE FLORIDA

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: SCOTTER'S CUSTOM GABINETS INC.		
DOCUMENT NUMBER: P0600106088		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SCOTT A, SCHUELER.  (Name of Contact Person)		
Scootfn's LUSTON CARWITS INC. (Firm/Company)		
5026 SAWDUST CIRCLE (Address)		
OCOFF, FL 34761 (City/ State and Zip Code)		
For further information concerning this matter, please call:		
Swith A. Schuffer at (407) 459.6593  (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  Certificate of Status  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 Circle		

Tallahassee, FL 32301

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#### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file	ed with the Florida Dept. of S		
PD6 000 1 060	88		
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid following amendment(s) to its Articles of Incorporation	:	it Corporation adopts the	
A. If amending name, enter the new name of the con			
	CABINETRY =		
The new name must be distinguishable and con "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	or Co.," or the designation	"Corp," "Inc," or	
B. Enter new principal office address, if applicable:	NA	700	
(Principal office address MUST BE A STREET ADD		—————————————————————————————————————	
•		AN 29	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	w NIA	AM 10: 54 OF STATE E, FLORIDA	EU
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	
Name of New Registered Agent:	+		
New Registered Office Address:	(Florida street address)	Arriand de	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.		cept the obligations of the	

Signature of New Registered Agent, if changing

### If smending 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 Title **Name Address** Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:
Effective date if applicable: $2/2/09$
(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"
(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 1/27/09
Signature Oth ASM
(By a director, president or 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)
SCOTT A SCHUETETZ  (Typed or printed name of person signing)
DWNER + PARSIDENT
(Title of person signing)