## P080000000355

| (Re                                   | questor's Name)   |             |
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| (Cit                                  | y/State/Zip/Phone | e #)        |
| . PICK-UP                             | WAIT              | MAIL        |
| (Bu                                   | siness Entity Nar | ne)         |
| (Do                                   | cument Number)    |             |
| Certified Copies                      | _ Certificates    | s of Status |
| Special Instructions to               | Filing Officer:   |             |
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Office Use Only



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01/05/09--01071--013 \*\*43.75

SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend Name

And 113/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION:C + G E  | BAHH REModeling :  | TAR.  |
|--|--|---|
| DOCUMENT NUMBER:P68000   | 0062355  |   |
| The enclosed Articles of Amendment and fee are   | e submitted for filing.  |   |
| Please return all correspondence concerning this   | matter to the following:   |   |
| , /ERR   | Contact Person)  |   |
| C+G BAHH REMODE  | LELING INC   |   |
| 10357 Falcon Pa  | Address)   |   |
| ORIANDO FIA (City/Sta  | 3283ン<br>te and Zip Code)  |   |
| For further information concerning this matter, p  | lease call:  |   |
| (Name of Contact Person)   | at ( <u>A</u> S) <u>276-4</u><br>(Area Code & Daytime  | 787<br>Telephone Number)  |
| Enclosed is a check for the following amount ma  | • •  | 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 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir | rcle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



| C+ G BATH Pumode   | ling, In          | C.                              |                                     |                         |
|--|-------------------|---------------------------------|-------------------------------------|-------------------------|
| (Name of Corporation as current  | ntly filed with t | <u>he Florida Dept. (</u>       | of State)                           |                         |
| 108000   | 062359            | 5                               |                                     |                         |
| (Document Numb   |                   |                                 |                                     |                         |
| Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp  |                   |                                 | Profit Corporation adopt            | s the                   |
| A. If amending name, enter the new name of   | the corporation   | : Floridix                      |                                     |                         |
| Lifetime BAtH  | Suche             | E OF FLUETOR                    |                                     |                         |
| The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | "Inc.," or Co.,   | word "corporat" or the designat | ion "Corp," "Inc," or               | SECRETAF<br>DIVISION DE |
| B. Enter new principal office address, if appli<br>(Principal office address MUST BE A STREET  |                   | S mu                            | <u>}</u>                            | PREPRIEATIONS           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC  | SE BOX)           | SA                              | ne                                  | -                       |
| D. If amending the registered agent and/or renew registered agent and/or the new registered Agent:   |                   | ress:                           | a, enter the name of the            |                         |
|  |                   | '                               | 21-17-301/                          |                         |
| New Registered Office Address:   |                   | la street address)              | Blun 17-304                         |                         |
| _  | OR/ANDO           | 9 [A.<br>(City)                 | Florida <u>3283</u> 2<br>(Zip Code) |                         |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered  |                   |                                 | accept the obligations o            | of the                  |

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

## 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            | <u>Name</u>  | <u>Address</u>                                   | Type of Action |
|------------------|--|--|----------------|
| <u>Meside</u> at | TERRANCE P. GOWEN  | 17-304<br>ORLANDO, FLA. 32832                    | Add Remove     |
| V. P.            | IMRAN KHAN   | ORIANDO FIA<br>32869                             | Add Remove     |
| SECRMAY          | DESORA A GOWEN   | 10357 FALON PARC<br>#17-304<br>ORIAUNO AN. 32832 | Add Remove     |
|                  | ng or adding additional Articles, enter<br>ditional sheets, if necessary). (Be speci |  |                |
|                  |  |  |                |
|                  |  |  |                |
|                  |  |  |                |
|                  |  |  |                |
|                  | endment provides for an exchange, rec<br>as for implementing the amendment if        |  |                |
|                  | t applicable, indicate N/A)  | not contained in the amendment                   | tsen.          |
|                  |  |  |                |
| <del></del>      |  |  |                |
|                  |  |  |                |
|                  |  |  |                |

| The date o  | f each amendment(s) adoption: 12 24 08   |  |
|---|--|--|
| Effective date if applicable: 2 109  (no more than 90 days after amendment file date) |  |  |
| \   | endment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)   |  |
| by the s  | shareholders was/were sufficient for approval.   |  |
| must be   | endment(s) was/were approved by the shareholders through voting groups. The following stateme e separately provided for each voting group entitled to vote separately on the amendment(s):  the number of votes dast for the amendment(s) was/were sufficient for approval |  |
| by .  |  |  |
|   | endment(s) was/were adopted by the board of directors without shareholder action and shareholde was not required.  |  |
| •   | endment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.  |  |
|   | Signature  (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)    Lensure V. (www.)   (Typed or printed name of person signing)  |  |
|   | Thesi deat (Title of person signing)   |  |