P1500028417

(Re	equestor's Name)	
(Ac	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SEPO 1 2015

COVER LETTER

Division of Corporat	ions		
NAME OF CORPORAT	MION: High	Grade TI, 028417	le, INC.
DOCUMENT NUMBER	1. 115000	028417	
The enclosed Articles of	Amendment and fee are su	abmitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the following:	
	Jeffrey	Chung Name of Contact Person	n
	High.	Grade Tile	INC.
	3681	Way ward	Ave
_	North Por	Address FL 3426 City/ State and Zip Cod	36
	hook	City/ State and Zip Cod Cleomana (sed for future annual report	D Gmail. lon
For further information co	oncerning this matter, pleas	se call:	
Jeffrey	Chung	n (<i>898</i>	, 268-9429
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	c following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 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	Street	Address

TO: Amendment Section

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

Articles of Amendment

to

Articles of Incorporation

Miga Grade 1.	18 2700.
	urrently filed with the Florida Dept. of State)
71500002841	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute ts Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	i <u>on:</u>
ν / ν	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevia. 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)	3681 Wayward Auc North Part, FL 34286 3681 Wayward Auc North Part, FL 34286
 If amending the registered agent and/or registered office and registered agent and/or the new registered office a 	
Name of New Registered Agent	NIA
New Registered Office Address:	(City) (City) Florida (City) (City)
New Registered Agent's Signature, if changing Registered herehy accept the appointment as registered agent. I am fan	Agent: miliar with and accept the obligations of the position Agent: Agent:
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)

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	Christian Balageo	North Port, FL 3428
Add	,	•	North Port, FL 3428
Remove			
2) Change			
Add			
Remove			
3) Change			,
Add			
Remove			
4)Change			
Add	•		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
P	'ence add Christian Balagso
	lease Add Christian Balagso as Vice President to my Carporate
AI	so Change maily & Phys, cal Address to:
	3681 Wayward Ave North Port, FL 34286
	North Port, FL 34286
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)
	Please add Christian Balagso
	to my corporation giving
	Also change mading + Physical address to
	Also change mailing - Physical Address to: 3681 Way ward Are North Port, FL 34286
	VOILL FUH FL 3/286

The date of each amendment(s) adoption:	8/24/2015	, if other than the
date this document was signed.	0/21/12015	· · · · · · · · · · · · · · · · · · ·
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, State's records.	this date will not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the sby the shareholders was/were sufficient for a	shareholders. The number of votes east for the amen pproval.	dment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
"The number of votes cast for the amen	dment(s) was/were sufficient for approval	
by	ing group)	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and sha	areholder
☐ The amendment(s) was/were adopted by the i action was not required.	incorporators without shareholder action and shareho	older
Dated 8/24/	18	
Signature		
(By a director presi	dent or other officer – if directors or officers have no rporator – if in the hands of a receiver, trustee, or other by that fiduciary)	ot been ner court
	Teffrey Chung Typed or printed name of person signing)	
(°	Typed or printed name of person signing)	<u> </u>
	President	
	(Title of person signing)	