# P98000108171

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
· (Business Entity Name)
(Document Number)
,
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SECRETARY OF STATE

N.C.
C.COULLIETTE
JUN 2 4 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: MR.	HARDWOODS DNC					
DOCUMENT NUMBER:	8000 108171					
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning the	his matter to the following:					
Larabee Jo	hnson Name of Contact Person					
MR HAROL	ン OCDS エル C Firm/ Company					
210 Comm	era Way Address	<del></del>				
Jup,ter	City/ State and Zip Code	The same of the sa				
	ed for future admual report notification)	<del></del>				
For further information concerning this matter	, please call:					
harabee Johnson Name of Contact Person	at (561) 747-0  Area Code & Daytime Tel	362 ephone Number				
Enclosed is a check for the following amount r	made payable to the Florida Depar	tment of State:				
\$35 Filing Fee	\$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	Street Address Amendment Section Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



June 15, 2009

LARABEE JOHNSON MR. HARDWOODS INC. 210 COMEMRCE WAY JUPITER, FL 33458

SUBJECT: MR. HARDWOODS INC.

Ref. Number: P98000108171

We have received your document for MR. HARDWOODS INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P08000064858 / DLJ & CO, INC...

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Pleasee attached chonon + 73554447784

Cheryl Coulliette Regulatory Specialist II

Letter Number: 209A00020061

2009 JUN 23 AM 8: 00

SECEIVED

## Articles of Amendment ' to Articles of Incorporation of ,

	NOODS, IN	<u></u>		
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)		
P98000108	171			
(Document Nur	mber of Corporation (if know	vn)		
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Flo	orida Profit Corporation s	adopts the fo	ollowing
A. If amending name, enter the new name o	of the corporation:			
~ <b>~</b>	^ DJL	J INC_	The ne	w
name must, be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	the word "corporation," e designation "Corp," "Inc, ofessional association," or t	"company," or "incorpor" or "Co". A professiona	rated" or that corporation	ne on
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			<del></del>	
•			SECRI TALLA	O O
C. Enter new mailing address; if applicable (Mailing address MAY BE A POST OFFI			ETARY OF ST	
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in stered office address:	Florida, enter the name (	ORIGINA	>
New Registered Office Address:	(Florida street ad	idress)		
	·	. Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ng Registered Agent: agent. I am familiar with an Signature of New Registered		the position	

### 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>-</u>			☐ Add ☐ Remove
			L Kemove
			☐ Add☐ Remove
•			LI Remove
			Add   Remove
1			
E. If amen	ding or adding additional Artic additional sheets, if necessary).	les, enter change(s) here: (Be specific)	
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	}		
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		<b>\</b>	
<u>provisi</u>	mendment provides for an exchons for implementing the amen not applicable, indicate N/A)	ange, reclassification, or cancell dment if not contained in the am	ation of issued shares, endment itself;
Ψ.			
		)	
······································			
		with a second of the second of	

The date of each amendment(s) adoption:    Db/8/99   (date of adoption is required)					
The date of each amonamous	(date of adoption is required)				
Effective date if applicable:	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.				
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder				
Dated	6/8/09				
Signature	Larabee Johnson				
sele	a director, president or other officer — if directors or officers have not been ceted, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)				
	Lavabee Johnson (Typed or printed name of person signing)				
	<u></u>				
	(Title of person signing)				
	(True of person signing) /				