



ACCOUNT NO. : 072100000032

REFERENCE: 412804

126932A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE: February 25, 2002

ORDER TIME : 11:26 AM

ORDER NO. : 412804-005

CUSTOMER NO: 126932A

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-n2/25/02--01038--021 ******35.00 ******35.00

CUSTOMER: Ms. Barbara L. Wolf

Barbara L. Wolf, P.a.

Suite 307

2425 E. Commercial Boulevard Ft. Lauderdale, FL 33308

DOMESTIC AMENDMENT FILING

NAME: DOUGLAS MARINE UPHOLSTERING,

INC.

EFFICTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING
THE VESTERS OF NOISING
TIVES OF NEW WORLD

C. Coullistte FFR 2 5 2002

CONTACT PERSON:

Janna Wilson -- EXT# 1155 ES: Nd SSEE EXAMINER'S INITIALS:

BECEINED

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION OF DOUGLAS MARINE UPHOLSTERING, INC.

WE, THE UNDERSIGNED, being the President, Secretary, Director and Sole Shareholder of DOUGLAS MARINE UPHOLSTERING, INC., a corporation organized under the laws of the State of Florida, hereby amend the Articles of Incorporation of DOUGLAS MARINE UPHOLSTERING, INC., originally filed on the 19th day of November, 1986, Charter Number J43323, pursuant to unanimous approval granted by shareholders and directors on the 22nd day of February, 2002, said amendment being adopted on the 22nd day of February, 2002.

The Articles of Incorporation shall be amended by changing the name of the corporation to SPA COVER, INC., effective immediately

IN WITNESS WHEREOF, we have hereunto executed this Certificate of Amendment of Articles of Incorporation of DOUGLAS MARINE UPHOLSTERING, INC. adopted this 22nd day of February, 2002.

cretary and Director

STATE OF FLORIDA

COUNTY OF BROWARD

BEFORE ME, the undersigned authority duly authorized to take acknowledgments in the State and County aforesaid, personally appeared JUDITH L. BROSSEAU as President, Secretary, Director and sole shareholder of DOUGLAS MARINE UPHOLSTERING, INC., a Florida corporation, to me personally known to be the individuals described in and who executed the foregoing instrument, and acknowledged before me that they executed the same for the purposes therein expressed.

WITNESS MY HAND and official seal in the County and State aforesaid, this 22nd day of February, 2002.

My commission expires:

Barbara Wolf
MY 60MMISSION # CC795861 EXPIRES
February 12, 2003
BONDED THRU TROY FAIN INSURANCE, INC.