K61567

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ALLEATASSEE, FLORIDA



COVER LETTER

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TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Seabreeze Cabinetry, IC.				
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Bassa Anderson Name of Contact Person				
Seabreeze Cabinetry, Inc.				
2421 SE DIXIE HWY Address				
Stuart FL 34996				
City/ State and Zip Code				
E-mail address: (w be used for funne annual report notification).				
For further information concerning this matter, please call:				
Balana Anderson # (772) 283-8622				
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 Certified Copy Certificate of Status (Additional copy is enclosed) (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
2668 Executive Center Circle.
Fallaliassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	of		
Seabreeza Ca	ibinetry Inc		
,	currently filed with the Florid	a.Dept. of State)	
K6756-			
(Document N	Number of Corporation (if knowr	1)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Profit Corpora</i>	ntion adopts the following	amendment(s) to
A. If amending name, enter the new name of the corpora	ation:		
			The new
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre	ne," or "Co". A professional o		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		he name of the	
Name of New Registered Agent			
	Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Co	ode)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		igations of the position.	چن <u>ن</u>
Signature	of New Registered Agent, if cha	nging ASSEE E	7-10 7-11 8-11

address of each Officer (Attach additional sheets, Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or I if neces rector tit Presiden = Chief r, Direct in the fo ves the c	sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; TR= Tru Financial Officer. If an officer/director holds more the or would be PTD. llowing manner. Currently John Doe is listed as the PS orporation, Sally Smith is named the V and S. These sh	istee; C = Chairman or Clerk; CEO = Chief an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
Example: X Change	PT	John Doe	
<u>X</u> Remove	<u>V</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name.	Address
1) Change		Matthew Anderson	3749 SELOWERST
Add			3749 SE Lower St Shart, FL 34997
Remove			
2) Change	,		
Add			
Remove			
3) Change			
Add		· · · · · · · · · · · · · · · · · · ·	
Rémove			
4) Change			
Add			
Remove		·	
		-	
5) Change			
Add		-	
Remove		-	
6) Change			
Add	•	-	

Remove

E. If amending or adding : (Attach additional sheets,			<u>nere</u> :		•
Allocation					•
<u> </u>	- 		7		· .
Bayloara	Inderson	Secy/T	reas 3	90% of sl	ieres, joint
Matthew,	Anderson,	Vice Pr	resident 5	10% of	shares_
		•			
					, , , , , , , , , , , , , , , , , , ,
-					
		<u> </u>			
					·
·					
	<u> </u>				
F. If an amendment provid	des for an exchange.	reclassification.	or cancellation of iss	sued shares.	
provisions for impleme	enting the amendmen	t if not contain	ed in the amendment	itself:	
(if not applicable, it		**		·	

					· · · · · · · · · · · · · · · · · · ·
					 ;
	<u> </u>				

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 6-16-16 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated (0-16-16	
Dated 6-16-16 Signature Barbaca Addressed	
(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 cour	
appointed fiduciary by that fiduciary)	ı
Barbara Anderson	
(Typed or printed name of person signing)	
Secy/Treasurer (Title of person signing)	
(Title of person signing)	