K67567

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
,					
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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Sea	breeze Cabinetry Inc.
	67567
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this man	tter to the following:
2421 SE Stuart,	Name of Contact Person (abinetry, IC., Firm/ Company Dixie Hooy, Address FL 34996 City/ State and Zip Code (abinetry @ yaloo, com ed for future annual report notification)
For further information concerning this matter, please	e call:
Balbara Anderson Name of Contact Person	at (772) 485-2945 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

Articles of	of Incorporation			
Seabreeze Cabi	ior retry Jac			
(Name of Corporation as cur	rently filed with the F	Torida Dept. of State)		
K6756	7			
	ber of Corporation (if)	cnown)		
	•	•		
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Co</i>	rporation adopts the follo	wing ameno	dment(s) to
A. If amending name, enter the new name of the corporatio	n:			
				
name must be distinguishable and contain the word "corporation		and the ship of		new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co	". A professional co	rporation name must cor	anon Cor _l ntain the w	p., vorđ
"chartered," "professional association," or the abbreviation "l	Р.А. "		£29	
B. Enter new principal office address, if applicable:			. 8	
(Principal office address MUST BE A STREET ADDRESS)		,	<u> </u>	
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		•	α τ	
(Mading address MAT BE A FOST OFFICE BOA)				
				_
D. If amending the registered agent and/or registered office		iter the name of the		
new registered agent and/or the new registered office add	<u>lress:</u>			
Name of New Registered Agent				
(Floric	da street address)			
New Registered Office Address:	(Citv)	, Florida	tim Charles	_
	(Cuy)	(2.	<i>ф Сікіе)</i>	
New Registered Agent's Signature, if changing Registered A	gent:			
hereby accept the appointment as registered agent. I am famil	liar with and accept the	e obligations of the positio	n.	
	-	- · ·		

Signature of New Registered Agent, if changing

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Matthew Anderson	3749 SE Lower S. 54 uart, FL 34997
Add			Stuart, FL 34997
X Remove			
2) Change	-		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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Barban	ce Andersa	n Secy 14	reus 5	windly
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		-		
				
If an amendment prov	vides for an exchange	e, reclassification, or ca	ncellation of issued s	hares.
(if not applicable,	<u>menting the amendm</u> . indicate N/A)	ent if not contained in t	he amendment itself	<u>:</u>
				
				
				

The date of each amendment(s) added this document was signed.	loption:	, if other than the
Effective date if applicable:	11-2-20	
	1/-2-20 (no more than 90 days after amendment	file date)
Note: If the date inserted in this bedocument's effective date on the De	tock does not meet the applicable statutory filing rec partment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without	ut shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for approval.	or the amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	e following statement mendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approva	ı
by		
	(voting group)	•
Dated//	-2 - 20	
Signature Bo	ularer Andreson	
(By a di	rector, president or other officer – if directors or office	ers have not been
selected	 by an incorporator – if in the hands of a receiver, tru 	istee, or other court
appoint	d fiduciary by that fiduciary)	
۔	Baylara Anderson (Typed or printed name of person signing)	
	Secy / Treasurer (Title of person signing)	
	(Title of person signing)	