

16000008383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

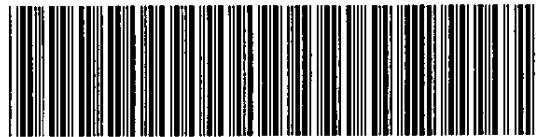
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 DEC 23 P 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 28 2016



December 23, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corrected Document Filing
Destin Wholesale Floors & Cabinets, LLC

Dear Staff:

Enclosed per your request is a corrected Application of Amendment for a Foreign Limited Liability Company.

If you have any questions, or if you need additional information, please do not hesitate to contact me at bobkeen@kitchendesignsgroup.com, or using the contact information listed in the footer of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert W. Keen".

Robert W. Keen, CFO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2016

ROBERT W KEEN,CFO
KITCHEN DESIGN INNOVATION, INC
1127 COBB PARKWAY SOUTH
MARIETTA, GA 30060

SUBJECT: DESTIN WHOLESALE FLOORS & CABINETS, LLC
Ref. Number: M16000008383

We have received your document for DESTIN WHOLESALE FLOORS & CABINETS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00024738

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Destin Wholesale Floors & Cabinets, LLC**
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert W. Keen, CFO

Name of Person

Kitchen Design Innovations, Inc

Firm/Company

1127 Cobb Parkway South

Address

Marietta, GA 30060

City/State and Zip Code

bobkeen@kitchendesignsgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Keen

Name of Person

at (**770**) **425-6992**

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Destin Wholesale Floors & Cabinets, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M16000008383

3. Jurisdiction of its organization: Georgia

4. Date authorized to do business in Florida: October 18, 2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Maria Martinez

New Registered Office Address: (NO CHANGE)

Enter Florida Street Address

_____, Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X _____
If Changing Registered Agent, Signature of New Registered Agent

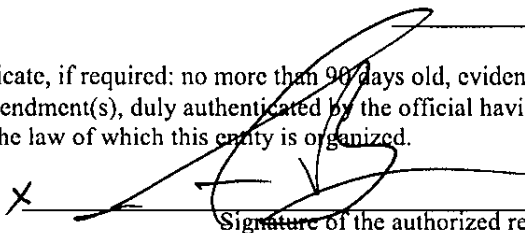
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------------|-----------------------------|--------------------------------|--|
| <u>MBRP</u> | <u>Anthony K. Hall</u> | <u>124 Industrial Court</u> | <input type="checkbox"/> Add |
| | | <u>Freeport, FL 32439</u> | <input checked="" type="checkbox"/> Remove |
| <u>MBRP</u> | <u>Denise M. Brown</u> | <u>1127 Cobb Parkway South</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Marietta, GA 30060</u> | <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add |
| | | <u> </u> | <input type="checkbox"/> Remove |
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

X 
Signature of the authorized representative

ANTHONY DOUGLAS BROWN, Member and Co-President
Typed or printed name of signee

Filing Fee: \$25.00