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Amend Name (1à 1/24/13

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: KITCHEN ART OF CENTRAL FLORIDA, INC.
DOCUMENT NUMBER: POODOO 30255
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CAROLYN B. NORTON Name of Contact Person CARCLYN BUTLER NORTON, ESQ LLC Firm/Company 2770 INDIAN RIVER BLVD. SUITE 331 Address VERO BEACU, FL 32960 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CAROLYN BUTLER NORTON at 772 559-9303
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 (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

Articles of Incor	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
KITCHEN ART OF CENTRAL	FLOCK DA JAK, 13 JAH 24 PH 12: 23
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P000000 30255	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flaits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
KITCHEN DESIGN C	ENTRAL TWO
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered,". "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ORIGINA FL 32808
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	KITCHEN DESKN CENTRAL, IN. 4333 SILVER STAR RO. 4140
	ORUSHBO FL 32808
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address: Name of New Registered Agent Agent	is in Florida, enter the name of the
2770 Ivo, Av	RIVER BLVD, SUTE 331
New Registered Office Address: VERO BEACH (City)	Florida 32960 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	
Signature of New Registered Ag	eni, ij cnanging

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	٠.
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	PO	GAIL JONES	11866 WILEI RD. COCAL SPAINS FL 37076
2) X Change Add Remove	90	, , , , , , , , , , , , , , , , , , ,	1365 W. Isino CWB Sa. VAO BERCH, M. 3256)
Change Add Remove	<u>\\0</u>	CHADLYN B. NOATON	1365 N. Isano Cius Sa. Varo Buscu, Fil. 32963
4) Change Add Remove			
5) Change Add Remove		·	
6) Change Add Remove	·		

нися цианноваі	dding additional A sheets, if necessary,). (Be specific)		•	•
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an amendment	provides for an ex	change, reclassific	ation, or cancellation ntained in the ame	on of issued share	<u>es.</u>
(if not applic	cable, indicate N/A)				
			· · · · · · · · · · · · · · · · · · ·		
		//			
		NA			
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		MA			

The date of each amendment(s) adoption	SLOT, 7, 2012
Effective date if applicable:	Oct 1 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) for approval.
☐ The amendment(s) was/were approved it must be separately provided for each verified to the separately provid	by the shareholders through voting groups. The following statement oting 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)
•	(voting group)
action was not required.	y the board of directors without shareholder action and shareholder y the incorporators without shareholder action and shareholder
Dated	7. 2012
Signature	ll fly
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
	incorporator – if in the hands of a receiver, trustee, or other court incorporator – if in the hands of a receiver, trustee, or other court
• .	ALAN J. Sincer
	(Typed or printed name of person signing)
	PACSIDENT / DALLING

(Title of person signing)