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SECRETARY OF STATE

A patter 8/9/21

### **COVER LETTER**

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

C	ORPORATE NAME	
Enclosed are an original and one (1) copy of the re  \$35.00	Stated articles of incorpor  \$43.75 Filing Fee & Certified Copy  ADDITIONAL CO	S52.50 Filing Fee, Certified Copy & Certificate of Status

ROM:	Grace S Stockhausen		
	Name (Printed or typed)		
	457 Thistledown Way		
	Address		
	The Villages, FL 32162		
	City, State & Zip		
	954-557-3762		
	Daytime Telephone number		
	sales@worldwidesurfaces.com		
-	E-mail address: (to be used for future annual report notification)		

NOTE: Please provide the original and one copy of the document.

## FILED

2021 JUL 22 PM 12: 39

## RESTATED ARTICLES OF INCORPORATION OF STATE In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) IASSEE, FL

ARTICLE I NAME The name of the corporation is: Worldwide Surfaces, Inc.			
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows: Not Applicable			
	<del>_</del>		
	<del></del>		

#### ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mik</u>	ce Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PVD	Grace S Stockhausen	457 Thistledown Way
Add			The Villages, FL 32162
X Remove			
2) Change	PVD	David J Stockhausen	457 Thistledown Way
$X_{Add}$			The Villages, FL 32162
Remove			
3) Change	<del></del>		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

<u>ARTICLE IV</u>	AMENDED REGISTE	RED AGENT (OPTIONAL)	
The name and	Florida street address (	P.O. Box NOT acceptable) of the registered	agent is:
Name:	David J Stoc		•
Address:	457 Thistlede	own Way	
	The Villages	, FL 32162	
Having been na	med as registered agent	to accept service of process for the above si	tated corporation at the place designated in thi
			agree to act in this capacity
pour	& Dlockhaum		7-19-21
(/	Required Sig	nature/Registered Agent	Date
	ARTICLE CONSOLII		
		<del>_</del>	
These re	stated articles of inc	corporation consolidate all amendm	ents into a single document;
ADTICLE VII	DEGUARED ADORE		
AKTICLE VII	REQUIRED ADOPT	<u>ION INFORMATION</u>	
Check if app	licable:		
The amen	dment(s) is/are bein	g filed pursuant to s. 607.0120(11)	ε, F.S.
The date of e	ach amendment(s)	adoption is:	
if other than the	he date this docume	nt is signed.	
Adoption of A	Amendment(s)	(CHECK ONE)	
The amend action and sha	lment(s) was/were a treholder action was	dopted by the incorporators, or boa not required.	rd of director without shareholder
The amend amend(s)	lment(s) was/were a by the shareholder	dopted by the shareholders. Then r was/were sufficient for approval.	number of votes cast for the
The amend statement must amendment(s).	i ve separatety prov	pproved by the shareholders throug ided for each voting group entitled	h voting group. <i>The following</i> to vote separately on the
		the amendment was/were sufficien	t for approval by
	(vo	eting group)	

	THE EFFECTIVE DATE:	
Effective dat	te, if other than the date of filing:	(OPTIONAL)
(lf an effecti	ive date is listed, the date must be specific and ca	nnot be more than 90 days after the filing.)
	date inserted in this block does not meet the applicant's effective date on the Department of State's recon	able statutory filing requirements, this date will not be listed as rds.
	s document and affirm that the facts stated herein the Department of State constitutes a third degree fo	are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.
		or other officer – if directors or officers incorporator – if in the hands of a receiver, trustee or ry by that fiduciary)
	Grace S Stockha	iusen
	(Typed or printed r	name of person signing)
	PVDS	

(Title of person signing)