# P01000104023

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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
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Quend.

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# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #

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Examiner's Initials

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation Name)  (Corpo	— —
(Corporation Name)  (Corpo	-
Walk in Pick up time Certified Copy  Mail out Will wait Photocopy Certificate of Status  NEW FILINGS  Profit NonProfit Resignation of R.A., Officer/ Director Limited Liability  Certified Copy  AMENDMENTS  AMENDMENTS  Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	
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Mail out Will wait Photocopy Certificate of Status  NEW FILINGS Profit NonProfit NonProfit Limited Liability Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	·
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Other Merger	
OTHER FILNGS REGISTRATION/ QUALIFICATION	
Annual Report	
Fictitious Name Foreign	
Name Reservation Limited Partnership	
Reinstatement	

Other

### Articles of Amendment to Articles of Incorporation of

O4 DEC 17 PM 12:38
SECRETARY OF STATE
TALLAHASSEE ELOCHE

Designer Woodwork & Furniture, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P01000104023			-			-
	(Docur	nent numb	er of o	corporation (if kı	nown)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

### NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Please delete A. Castro (Reg. Agt. & PSTD)
Please add Maria D. Alvarez as new Reg. Agt. & PSTD
Address for new Reg. Agt. & PSTD (Maria D. Alvarez) is 610-B West 18 Street Hialeah, FL 33012
(Attach additional pages if necessary)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A
(continued)

The date of each a	nendment(s) adoption: 12-08-04
Effective date if ap	plicable:
	(no more than 90 days after amendment file date)
Adoption of Amen	dment(s) (CHECK ONE)
The ame the amer	ndment(s) was/were approved by the shareholders. The number of votes cast for dment(s) by the shareholders was/were sufficient for approval.
following	ndment(s) was/were approved by the shareholders through voting groups. The g statement must be separately provided for each voting group entitled to vote by on the amendment(s).
"The	number of votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	ndment(s) was/were adopted by the board of directors without shareholder action eholder action was not required.
	ndment(s) was/were adopted by the incorporators without shareholder action and der action was not required.
Signed this 8th	day of _December, _2004
Sign	(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 court appointed fiduciary by that fiduciary)
	Maria D. Alvarez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

FILING FEE: \$35

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

REGISTERED AGENT MARIA D. ALVAREZ

610-B W. 18 ST HIALEAH, FL 33012 DATE