P0200030739

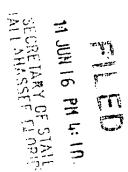
(Requestor's Name)
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

June 10, 2011

DOMENIC CALICCHIA PROFESSIONAL ACCOUNTING SERVICES 1520 BOTTLEBRUSH DR. NE PALM BAY, FL 32905

SUBJECT: SMITH BROS. CARPET, INC.

Ref. Number: P02000030739

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 811A00014212

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SMITH BROS. CARPET, INC.						
DOCUMENT NUMBER:	P02000307	39				
The enclosed Articles of Amenda	nent and fee are submi	tted for filing.				
Please return all correspondence	concerning this matter	to the following	:			
	DOMENIC CA	LICCHIA				
	(Name of Co	ame of Contact Person)				
	PROFESSIONAL	ROFESSIONAL ACCOUNTING SERVICES				
-	(Firm/ C	ompany)				
_	1520 BOTTLEBRUSH DR. NE					
	(Add	lress)				
	PALM BAY, FL 32905					
	(City/ State a	nd Zip Code)				
E-mai	address: (to be used for	or future annual	report notification	on)		
For further information concerning	g this matter, please ca	ll:				
		_ at (Telephone Number)		
(Name of Contact I						
Enclosed is a check for the follow	ring amount made paya	ble to the Floric	la Department of	State:		
Certifica	5 Filing Fee & te of Status	\$43.75 Filin Certified Copy (Additional copenclosed)		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center C	ircle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	of					
SMITH BROS. CARPET.		- DL (4- D				
(Name of Corporation as currently fi	illed with th	e Florida De	pt. of State)		
P02000030739						
(Document Number of	f Corporatio	n (if known)				
Pursuant to the provisions of section 607.1006, Flori amendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Floria</i>	la Profit Co	<i>rporation</i> add	opts the fo	ollowing
A. If amending name, enter the new name of the co	orporation	Ē				
				··	The ne	
name must be distinguishable and contain the wo abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Coi	p, " "Inc, " o	r "Co". A	professional (
B. Enter new principal office address, if applicable	<u>e:</u>					
Principal office address <u>MUST BE A STREET ADD</u>	DRESS)			_ w.vq		
		<u> </u>			ੌ ੜ	
						more
					ستاند است جزا	Charles.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	9X)			<u> </u>	# 6 ≺	<u> </u>
(M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	···· <u>·</u>		1.7%/ 1.8%	후 기	A P
	-			<u></u>	요 📆	
	-				<u>₹</u> 5	
D. If amending the registered agent and/or register			orida, enter	the name of	the	
new registered agent and/or the new registered of	office addr	<u>'ess:</u>				
Name of New Registered Agent:						
New Registered Office Address:	(Floride	a street addre	ess)			
				Florida		
	(City)		(Zip C	ode)		
New Registered Agent's Signature, if changing Regi	gistered Ag	ent:				
hereby accept the appointment as registered agent.			ccept the ob	ligations of th	ie position	ł.
Signatur	ira of Naw R	enistered An	ent if changi	ina		

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)

Title	<u>Name</u>	Address	Type of Action
SEC_	DILLON SMITH	3230 Haddan Ave. Palm Bay FLL 32905	x 5x Add
F. Ifan a	mendment provides for an exchange,	reclassification, or cancellation of i	ssued shares,
	ons for implementing the amendment out applicable, indicate N/A)	if not contained in the amendmen	t itself:

The date of each amendmen	t(s) adoption:	<u> June 3, 2011</u>
	(i	(date of adoption is required)
Effective date <u>if applicable</u> :	(na mara than 00 d	ays after amendment file date)
•	(no more than 90 at	ays after amenament fite date)
• Adoption of Amendment(s)	(<u>CHEC</u>	K ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the sha ere sufficient for appr	areholders. The number of votes cast for the amendment(s) roval.
		nareholders through voting groups. The following statemer oup entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendme	ent(s) was/were sufficient for approval
by		,,,
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the boa	ard of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the inco	orporators without shareholder action and shareholder
Dated3	Tune 3, 2011	·
Signature	Carolin 7	Smith
		or other officer - if directors or officers have not been
	ected, by an incorpora pointed fiduciary by th	ator – if in the hands of a receiver, trustee, or other court
" PF	omed nadolary by un	int riguolity)
	C:	arolyn L. Smith
		or printed name of person signing)
	11 B	
	V, Pres	rson signing)
	(Title of per	.son signing)