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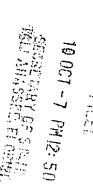
, (Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: B+ G	FLOOR ZOWE, 5	ENC.
DOCUMENT NUMBE	R: 7 0 20000	41446	
The enclosed Articles of	Amendment and fee a	re submitted for filing.	
Please return all correspo	endence concerning this	s matter to the following:	
R	obert Wag	ner	
-	74	ame of Contact Person	
		Firm/ Company	
	9 Tremont	Dr.	· .
<u> W</u> :	inter Haven	ty/ State and Zip Code Q yahoo, com Tor Mure annual report notification)	
For further information c	oncerning this matter, p	please call:	
Robert Wagn		at (863) U05-0	0473
Name of Čon	act Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for the	ne following amount m	ade payable to the Florida Depart	ment of State:
	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	prations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

	to				*
•	Articles of Incor	noration			The state of the s
	of	poración		10	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
B& G FLOORZ	ONE, INC.)
(Name of Corporation as	currently filed with the	e Florida Dept. o	f State)	10/6	Pin
P020000414					26.50 ·
(Documen	t Number of Corporation	ı (if known)			100%
Pursuant to the provisions of section 60 amendment(s) to its Articles of Incorporate		, this <i>Florida Pr</i> e	ofit Corporation	adopts the follow	ving .
A. If amending name, enter the new na	me of the corporation:				
floorzone, Inc				The new	
name must be distinguishable and con abbreviation "Corp.," "Inc.," or Co.," on name must contain the word "chartered,"	tain the word "corpor or the designation "Corp	p," "Inc," or "Co	o". A profession	orated" or the	
B. Enter new principal office address, (Principal office address MUST BE A ST			·		
C. Enter new mailing address, if application (Mailing address MAY BE A POST C	cable: DFFICE BOX)				•
D. If amending the registered agent and new registered agent and/or the new			, enter the name	of the	
Name of New Registered Agent:	Army was	gner			
New Registered Office Address:		street address)			
	Winter (City)	Haven	, Florida	33884	
New Registered Agent's Signature, if ch	anging Registered Age	nt:	A 11: 0		
I hereby accept the appointment as registe			_	of the position.	
• ,	Signature of New Re	agner			
	Signatu ka of New Re	egis le red Agent, if	changing		

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 Name Address Type of Action Paul Reardon V٩ ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)