P03000045640

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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Kegleys Cabinets, Inc.
he enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jesse Gegley Name of Contact Person Wegley Calburets Inc Firm/ Company 9953 Hawks Hollow Moad Address JACKSONVILLE: Florida 32257 City/ State and Zip Code Snace Car 20 Egmail: Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Sesse hegley at (904) 207-0671 Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee & Certificate of Status (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Articles of Amendment

to
Articles of Incorporation

Magleys Clebrats, Inc	· ,	
(Name of Corporation as currently	filed with the Florida Dept. of Stat	<u>ie</u>)
P030004564	•O	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:		
MIA		The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		bbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	MIA	
		2019 DE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	C 30 A1 ::
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the	AH IZ:
	41A	
Name of New Negantrea Agem		
tFlorida stre	et address)	
New Designation (OC) - (1)		
New Registered Office Address:	Florida <i>City)</i>	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the p	osition.
NIA		
Signature of New Reg	gistered 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)

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.

Mike Jones, V as Kem	ove, and Sally Sn	min, Sv as an Ada.	
Example: X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TB	Kieran Peter	min coverwad I
X Add		Bauter	JAY, FL 32256
Remove			
2) Change			*** ** ·**
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
		Page 2 of 4	
E. If amending or ad (Attach additional a	ding additional	Articles, enter change(s) here: ory). (Be specific)	

	
	
	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
==	
Page 3 of 4	
ou (A	
'he date of each amendment(s) adoption:	if other than t
ate this document was signed	ii omer man t
NIA	
Effective date if applicable:	

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (C	CHECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.		
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):		
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval		
by hegley cabe	oting group)		
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder		
Dated	4/19		
/selected, by an in	Esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)		
Jess	(Typed or printed name of person signing)		
<u> </u>	hesident		
(Title of person signing)			