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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2006

THOMAS LORENCE EXCLUSIVE CABINETS INC. 3242 NW 19TH STREET CAPE CORAL, FL 33993

SUBJECT: EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.

Ref. Number: P03000047008

.

We have received your document for EXCLUSIVE CABINETS AND FLOOR COVERINGS INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the Registered Agent is resigning, than you must name a new agent at the time of filing.

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) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 706A00041551



June 9, 2006

THOMAS LORENCE EXCLUSIVE CABINETS INC 3242 NW 19TH STREET CAPE CORAL, FL 33993

SUBJECT: EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.

Ref. Number: 400075188934

We have received your document for EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This document was previously filed on April 6, 2006.

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) 245-6908.

Letter Number: 406A00039801

Sylvia Gilbert Document Specialist

SHOLL COLUMN



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2006

THOMAS LORENCE EXCLUSIVE CABINETS INC. 3242 NW 19TH STREET CAPE CORAL, FL 33993

SUBJECT: EXCLUSIVE CABINETS AND FLOOR COVERINGS INC.

Ref. Number: P03000047008

We have received your document for EXCLUSIVE CABINETS AND FLOOR COVERINGS INC. 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 attached document is not needed. Your registered agent address has already been changed.

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) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 006A00038378

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RECEIVED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	liste Cabi	wts Floor Cou		
NAME OF CORPORATION:	100100	<u> </u>		
DOCUMENT NUMBER: PD 30000	47008	V		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this matter to the following:				
Thomas W (Name of C	ontact Person)			
Exclusive Cab	company).	voings Inc.		
3242 N.W.	19th Stree dress)	<u>+</u>		
Cape Coral (City/ State)	1 3 3 9 9 and Zip Code)	3		
For further information concerning this matter, please call:				
Thomas W. Lorence (Name of Contact Person)	at (239) 229 (Area Code & Daytime	3-9015 Telephone Number)		
Enclosed is a check for the following amount:				
San the Check Certificate of Status 32 \$35,000 32 \$35,000	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Exclusive Cabinets & Floor Coverings Inc.
(Name of corporation as currently filed with the Florida Dept. of State)
PO 30000 47008
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)
Add Sherry Corence 93 an
officer and Keep her as
a registered agent 95
well.
(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)
· W/A

(continued)

The date of each amendment(s) adoption: 6 / 26 / 06
Effective date if <u>applicable</u> : 6/24/06 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature (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)
(Typed or printed name of person signing)
- O'rector Officer (Title of person signing)

FILING FEE: \$35