P03000109476

	Requesto	r's Name)		
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SECRETARY OF STATE
TALLAHASSEE, FLERIDA

Amendicus non 10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION:	Robert Boulais Flooring Installation Inc			
DOCUMENT NUM	IBER:		P0300010947	76	
The enclosed Article	s of Amendment an	d fee are submitted	d for filing.		
Please return all corr	espondence concerr	ning this matter to	the following:		
		Robert Bo		<u> </u>	25 3±
	Robe	ert Boulais Floorie Firm/ Com	ıg installation inc		
		3032 Buttero	up Lane		
		Lake Placid F	FL 33852		
	E-mail address: (to	rwboulais@gmail	•	n)	
For further informati	on concerning this r	natter, please call:			
	Contact Person	at (863) Area Code & Daytime	840-0966 Telephone Number	-
Enclosed is a check t	or the following am	ount made payable	e to the Florida Dep	partment of State:	
□ \$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Statu	ıs Certi	75 Filing Fee & ified Copy is enclosed	\$52.50 Filing Fe Certificate of St Certified Copy (Additional Cop	atus
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Ameno Divisio Cliftor 2661 E	Address dment Section on of Corporations a Building Executive Center C assec, FL 32301	ircle	

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Articles of Amendment Articles of Incorporation

Robert Boulais Flooring Installation, Inc.

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

P03000109476

Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Clorida Profit Corporation ado	pts the follo
A. If amending name, enter the new name of	the corporation:		
			_The new
name must be distinguishable and contain to abbreviation-"Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c;" or "Co". A professional c	d" or the orporation
B. Enter new principal office address, if appl	icable:		_
(Principal office address <u>MUST BE A STREE</u>)			
	•	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			_
			-
			_
It amending the registered agent and/or re		n Florida, enter the name of t	<u>he</u>
some a lister of agent and/or the new regis	tered office address:		
ar Cares . Te		 	
		; !	•
New Registered Office Address:	(Florida street	address)	i.
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as			
i nercoy accepi ine appoiniment as registerea ag	zeni. Tam jamiliar wiin c	ina accept the obtigations of the	e position.
<u></u>			
C:	Constants of Month Domintons	d Agant if alequains	

Signature of New Registered 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)

<u>Title</u>	Name	Address	Type of Action
AVP	Sean Santos	3035 Buttercup lane Lake Placid FL 33852	☐ Add ☐ Remove
<u>AVP</u>	Shayna Michelle Souza	3032 Buttercup Lane Lake Placid FL 33852	☑ Add ☐ Remove
			Add Remove
grande jaron er	ng or adding additional Articles, enter		
(attach add	itional sheets, if necessary). (Be speci	fic)	
·			
-			
provision	endment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		
(y noi	applicable, malcule 1471)		
		•	

The date of each amendment			. 7\		
Effective date <u>if applicable</u> :	(a	late of adoption is req	juired)		
Effective date in applicable.	(no more than 90 da	ys after amendment f	île date)		
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/we by the shareholders was/we			er of votes	cast for the ame	endment(s)
The amendment(s) was/we must be separately provide		_		-	
"The number of votes	cast for the amendme	nt(s) was/were suffici	ient for app	oroval	
bv	,	,	";		
	(voting group) ;;				
☐ The amendment(s) was/we action was not required.☑ The amendment(s) was/we action was not required.					
Dated_07/2	3/2010 Abert // a director, president	Boulais Frother officer – if di	rectors or	officers have no	ot been
sele	cted, by an incorpora ointed fiduciary by th	tor – if in the hands o			
		Robert Boulais	8		
	(Typed	or printed name of pe	rson signir	ng)	
•		President	.3,		•
	(Title of per	son signing)		 ·	