

P03000116608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

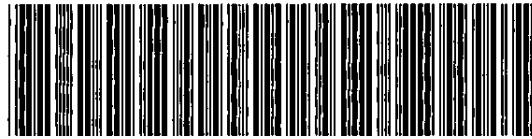
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Custom Interiors by Roma, Inc

DOCUMENT NUMBER: PO3000116608

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Cox
(Name of Contact Person)

WS-49815

CIBR, Inc.
(Firm/ Company)

6252 Buck Dr.
(Address)

Jacksonville, FL 3222
(City/ State and Zip Code)

For further information concerning this matter, please call:

Roma Cox or
Thomas E. Cox at (904) 771-5498
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
2008 OCT 28 AM 8:00
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

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- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|---|--|---|--|

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Division of Corporations
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Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2008

THOMAS COX
CIBR INC.
6252 BUCK DR.
JACKSONVILLE, FL 32221

SUBJECT: CUSTOM INTERIORS BY ROMA, INC.
Ref. Number: P03000116608

We have received your document for CUSTOM INTERIORS BY ROMA, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

THE DOCUMENT MUST CONTAIN ORIGINAL SIGNATURES,

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 108A00055781

*Please see Ch # 466 in the amount
of 35.00. Thank You*

Roma Co

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 7 AM 6:00

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

Custom Interiors by Roma, Inc.

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

P03000116608

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CLBR, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Thomas E. Cox

New Registered Office Address:

6252 Buck Dr.

(Florida street address)

Jacksonville

(City)

Florida 3222
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Thomas E. Cox
Signature of New Registered Agent, if changing

FILED
08 NOV -7 PM 1:31
TREASURY OF FLORIDA
HALL OF RECORDS

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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|--|--|
| officer | Roma A. Cox | 6252 Buck Dr. Jacksonville, FL 32221 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| Officer | Anthony Shawn Laux | 6252 Buck Dr. Jacksonville FL 32221 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Article III The Corporation now has one Director

Article VII Director: Thomas Cox, 6252 Buck Dr Jacksonville FL 32221

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)

① ~~For~~ Anthony Laux ~~Signs~~ Signs 2000 Shares over to Thomas E. Cox (all of his shares)

② Roma Cox Signs ~~1,000~~ 1,000 Shares over to Thomas E. Cox (all of her shares)

The date of each amendment(s) adoption: A, D, E & F (all amendments) 10/22/08

Effective date if applicable: 11/3/08
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated 10/22/08

Signature Thomas E. Coe
(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)

Thomas E. Coe
(Typed or printed name of person signing)

Officer / new Director
(Title of person signing)

The date of each amendment(s) adoption: A, D, E & F (all amendments) 10/22/08

Effective date if applicable: 11/3/08
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Dated 10/22/08

Signature [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)

Anthony Shawn Lauk
(Typed or printed name of person signing)

Officer
(Title of person signing)

The date of each amendment(s) adoption: A, D, E & F (all amendments) 10/22/08

Effective date if applicable: 11/3/08

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

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Dated 10/22/08

Signature Roma A. Cox

(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)

Roma A. Cox
(Typed or printed name of person signing)

Officer / Director
(Title of person signing)