73000136846

((Requestor's Name)	,	-
((Address)	<u> </u>	-
((Address)		-
t	(City/State/Zip/Phone	#)	-
PICK-UP	WAIT	MAIL	
	(Business Entity Nam	e) : :	
,	(Document Number)		?
Certified Copies		of Status	: ;
Special Instructions	to Filing Officer:		1
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SECRETARY OF STATE.
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: QUALITY CEF	RAMIC INSTALLATION	ON, INC.
DOCUMENT NUM	BER: <u>P03000136846</u>		
The enclosed Article	s of Amendment and fee are sub	mitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Ma	ary Boyd	
	(Name of	Contact Person)	
	Albert J.	Stopka, III, P.A.	<u> </u>
	(Firm	/ Company)	
	108 M	losley Drive	
	(1	Address)	
		ven, FL 32444	
	(City/ Sta	te and Zip Code)	
		@bellsouth.net d for future annual report not	ification)
For further informati	on concerning this matter, please	e call:	
Mary Boyd		_{at (} 850 ₎ 785-6	6600
(Name	of Contact Person)		ytime Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Departr	ment 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)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Street Address Amendment Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3:	rations enter Circle

Articles of Amendment to Articles of Incorporation of

2009 000	FILED
TALLAHAS	TIG AM 9:49 SEE, FISTATE

QUALITY CERAMIC INSTALLATION, INC.

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

P03000136846	
(Document Number of Corporation (if known)	-

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

he new name must be distinguishable an bbreviation "Corp." or "Inc." <mark>"Compan</mark> y	d contain the word "corporation" or "incorporated" or "co." may not be used in the name.	or the
. Enter new principal office address, if	applicable:	
Principal office address <u>MUST BE A STR</u>	EET ADDRESS)	
. Enter new mailing address, if applica	ble:	
(Mailing address MAY BE A POST OF		
	or registered office address in Florida, enter the name	e of the
new registered agent and/or the new r		e of the
		e of the
new registered agent and/or the new r		e of the
new registered agent and/or the new r	(Florida street address)	
new registered agent and/or the new r	egistered office address: (Florida street address)	

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>	Address	Type of Action
<u>v</u>	Kirchoff, Keith L	1800 ILLINOIS AVE LYNN HAVEN FL 32444	_ ☐ Add ☐ ☑ Remove
<u>V</u>	Christopher Michael Gould	132 N COMET AVE, APT. #3 PANAMA CITY, FL 32404	_ ☑ Add _ □ Remove
			_
E. If amer	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec	e <mark>r change(s) here</mark> : cific)	
75.			
			

The date of each amendment(s)	adoption: SEPTEMBER 23, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s) al.
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated SEPTE	MBER 23, 2009
Signature (By the	chairman or vice chairman of the board, president or other officer-if directors bet been selected, by an incorporator – if in the hands of a receiver, trustee, or
	ourt appointed fiduciary by that fiduciary)
·	WILLIAM C. TIPPS, JR.
_	(Typed or printed name of person signing)
_	PRESIDENT
	(Title of person signing)

STATE OF FLORIDA COUNTY OF BAY