P03000140435

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A. Butler 10/12/21

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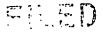
TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Carson's Cabinetry	and Design, Inc.				
DOCUMENT NUM	IBER: P03000140435					
	es of Amendment and fee are su	bmitted for filing.				
Please return all corr	respondence concerning this ma	tter to the following:				
	Jobi Taylor					
	Name of Contact Person					
	Carson's Cabinetry and Design, Inc.					
	Firm/ Company					
	13411 SW CR 346					
	Address					
Archer, FI 32618						
	City/ State and Zip Code					
	info@carsonscabinetry.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	ion concerning this matter, pleas	se call:				
Jobi Taylor		at (352	215-0824 de & Daytime Telephone Number			
Name of Contact Person		Area Coc	le & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of



(Name of Corporation as currently filed with the Floridan Dept. Tof. Stat [2: 36 P03000140435 (Document Number of Corporation (if known) Note 1 to 1 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." 13411 SW County Road 346 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Archer, Fl 32618 C. Enter new mailing address, if applicable: 13411 SW County Road 346 (Mailing address MAY BE A POST OFFICE BOX) Archer, Fl 32618 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: Jobi Taylor Name of New Registered Agent 13411 SW County Road 346

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

New Registered Office Address:

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

Signature of New Registered Agent, if changing

(Florida street address)

(City)

Check if applicable

Carson's Cabinetry and Design, Inc.

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Stephen L. Carson	13109 SW County Road 346
Add			Archer, Fl 32618
X Remove			
2) Change	PD	John T. Taylor	642 NE 144 St
X Add			Cross City, Fl 32628
Remove 3) Change	S	Jobi M. Taylor	642 NE 144 St
X Add			Cross City, Fl 32628
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NA	
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)	
NA	

· .

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this bedocument's effective date on the D	block does not meet the applicable statutory filing requirer epartment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
	proved by the shareholders through voting groups. The following group entitled to vote separately on the amena	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
9/29/21 Dated		
Signature (By a c	hector, president or other officer – (f lirectors or officers hearth by an incorporator – if in the hands of a receiver, trustee,	ave not been
	ted fiduciary by that fiduciary)	of other court
	Jobi M. Taylor	
	(Typed or printed name of person signing)	
	Secretary/	
	(Title of person signing)	