

PD3000141256

(Requestor's Name)

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(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

(Document Number)

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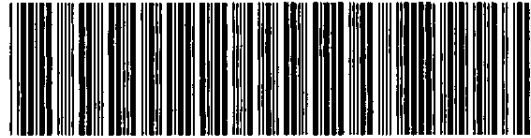


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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 2:55

N/C

MAR 14 2013

T. BROWN

TAX & BUSINESS ADVISORS, INC.
4741 Atlantic Boulevard, Suite E-3
Jacksonville, Florida 32207
Telephone (904) 396-7119

February 28, 2013

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Via Certified Mail

Re: Kempsville Custom Cabinets, Inc. , Doc # P03000141256
-and-
Creative Cabinetry of Amelia Island, LLC, Doc # L12000104521

To Whom It May Concern:

Our clients, identified above are filing the follow documents:

1. For Kempsville Custom Cabinets, Inc., Articles of Amendment to change the name to Creative Cabinetry Of Amelia Island, Inc.
2. For Creative Cabinetry of Amelia Island, LLC, Articles of Dissolution
3. A letter from Michael W. Gleason, the sole shareholder and president of Kempsville Custom Cabinets, Inc. and the sole member and manager of Creative Cabinetry of Amelia Island, LLC attesting that he has no intention to reinstate the LLC

Please let us know if you have questions or need additional information.

Sincerely,



Stan Sikorski

cc: Michael W. Gleason w/ enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: KEMPSVILLE CUSTOM CABINETS INC

DOCUMENT NUMBER: P03000141256

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

Please return all correspondence concerning this matter to the following:

STAN SIKORSKI

Name of Contact Person

TAX & BUSINESS ADVISORS INC

Firm/ Company

4741 ATLANTIC BLVD, STE #E-3

Address

JACKSONVILLE FLORIDA 32207

City/ State and Zip Code

stan.sikorski@taxbusinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STAN SIKORSKI

Name of Contact Person

at (904) 396-7719

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

February 28, 2013

Florida Department of State
Division of Corporations
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

We are enclosing articles of amendment for one of my company's and articles of dissolution for another of my company's. The articles of amendment are to change the name to the name of the company that is being dissolved.

I, Michael W. Gleason, declare that I have no intention to reinstate the voluntary dissolved limited liability company.

Sincerely,

A handwritten signature in cursive script that reads "Michael W. Gleason". The signature is written in dark ink and is positioned above the printed name.

Michael W. Gleason

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR -4 PM 2:55

KEMPSVILLE CUSTOM CABINETS INC.

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

P03000141256

(Document Number of Corporation (if known))

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:

CREATIVE CABINETRY OF AMELIA ISLAND 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)

9900 AMELIA ISLAND PARKWAY STE 600

FERNANDINA BEACH FLORIDA 32034

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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

ADDRESS CHANGE ONLY

9900 AMELIA ISLAND PARKWAY STE 600

(Florida street address)

New Registered Office Address:

FERNANDINA BEACH

, Florida

32034

(City)

(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.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

X Add SV Sally Smith

6) _____ Change _____
 _____ Add _____
 Remove _____

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

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

N/A

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)

N/A

The date of each amendment(s) adoption: FEBRUARY 28, 2013

Effective date if applicable: _____
(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 FEBRUARY 28, 2013

Signature Michael W Gleason
(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)

MICHAEL W GLEASON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)