# PD3000147849

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SECRETARY OF STATION DIVISION OF CORPCRATION

Amund 10 1/3/11

#### **COVER LETTER**

To: Amendment Section Division of Corporations NAME OF CORPORATION: MULLIGAN'S CABINET INSTALLATION INC DOCUMENT NUMBER: <u>703000141849</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: AnyAnn MulliGAN William's CABINET INSTALLATION INC. Fort MyErs Fl. 33917
City/State and Zip Code CABINSTALL & ADL. COM dress: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & **□** \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** 

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

### Articles of Amendment to

#### Articles of Incorporation of

Mullians Co	ABINET Ins	TALLATION, I	- 5C.
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P030001	47849		
(Document Nur	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation adop	ots the following
A. If amending name, enter the new name o	f the corporation:		,
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc efessional association," or	c," or "Co". A professional co	
B. Enter new principal office address, if app			Z TOTAL
Principal office address <u>MUST BE A STREE</u>	A ADDRESS )		~ ) Report
			3
			- P. Of
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			., <i>G</i>
			-
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of th	- <u>he</u>
- And Andrews			
New Registered Office Address:	(Florida street a	(ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the second state of the appointment as registered at the second state of the appointment as registered at the second state of the second sta		nd accept the obligations of the	position.
<u></u>	Signature of New Registered	1 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 ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption	: <u>DEC 8</u> 2010
	(date of adoption is required)
Effective date if applicable:	han 90 days after amendment file date)
(no more ti	iun 90 uuys ujier amenameni jile aalej
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
,	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	amendment(s) was/were sufficient for approval
by	
(voting grou	up)
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated DEC C	8 2010
Signature Mak	y And Mullian
(By a director, selected, by an i	resident or other officer – if directors or officers have not been not proportion in the hands of a receiver, trustee, or other court ary by that fiduciary)
<u>M</u> h	My Ann Mulli Lyan (Pyped or printed name of person signing)
	D resident
(Ti	tle of person signing)