

P03000158392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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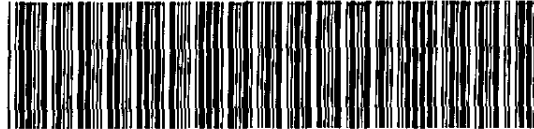
(Business Entity Name)

(Document Number)

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05 JUL 22 PM 4:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

OK Amended

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ATNIPS Carpet + Vinyl Service, Inc.

DOCUMENT NUMBER: P03000158392

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

Please return all correspondence concerning this matter to the following:

Nancy Atnip  
(Name of Contact Person)

ATNIPS Carpet + Vinyl Service, Inc.  
(Firm/ Company)

290 Curis Drive W  
(Address)

Orange Park, FL 32073  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Nancy Atnip at (904) 213-9913  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

**Mailing Address** ✓  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Articles of Amendment  
to  
Articles of Incorporation  
of

ATNIPS CARPET & VINYL SERVICE, INC.

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

PO 3000 158392

(Document number of corporation (if known))

OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA

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

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

CYNTHIA A. COPELAND 589-22-4349

1080

Add

Treasury

Cynthia Copeland

3973 Green Acres Road

Green Cove Springs, FL 32068

Remove

Chris Hedgecock as Secretary

(Attach additional pages if necessary)

If an amendment provides for 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: 7/1/05

Effective date if applicable: 7/1/05  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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.

Signed this 13<sup>th</sup> day of July, 2005.

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)

PAUL E. Atmip

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**