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PICK-UP	WAIT	MAIL	
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SECRETARY OF SINE

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA		CABINETS, INC.		
DOCUMENT NUMBE	R: <u>PO40000</u> 2	235		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following:		
	Jos	EPH P. MORRISON		·
_				
	J	M CABINETS INC		
_		Firm/ Company		
	//4	MANDOLIN DRIVE	•	
_		Address		<del></del>
	LA	KE PLACIO FL 338	952	
_	-	City/ State and Zip Code		<del></del>
	JERRY & IM CA	RINETS. GIM		
<del></del>	E-mail address: (to be us	sed for future annual report i	notification)	
	oncerning this matter, pleas		. 2006	THE CE CAN THE
		at ( 863	) <u>699-299 E</u> le & Daytime Telephone Nur	
Name of C	Contact Person	Area Cod	le & Daytime Telephone Nur	nber G
Enclosed is a check for the	ne following amount made	payable to the Florida Depar	tment of State:	PA III
\$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)	(1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4

#### 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

### **Articles of Amendment** Articles of Incorporation

## JM CABINES, THE

(Name of Corporation as currently file	ed with the Florida Dept. of State)			
PO 400000 2235				
(Document Number of Con	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the fo	llowing ar	nendm	nent(s)
A. If amending name, enter the new name of the corporation:				•
		Th	ie ne	w
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	the abbro	eviatio tain th	n ie
B. Enter new principal office address, if applicable:				
(Principal office address <u>MUST BE A STREET ADDRESS</u> )				
-				
·	·			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	i			
·		المناح		
_		78	<u></u>	
D. If amending the registered agent and/or registered office address	n Florida, enter the name of the	至常	FC -	11
new registered agent and/or the new registered office address:		35.25	25	Characters (Ser
Name of New Registered Agent			-0	e de gran
		**************************************	<b>=</b>	· ·
(Florida street a	idress)		†. O	ember.
New Registered Office Address:	. Florida		CC	MAR .
(City		(Zip Code	e)	
	•			
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	and assume the obligations of the pos	vition		
1 nereoy accept the appointment as registered agent. 1 am jamittar with t	ana accept the obligations of the pos	illon.		
Signature of Navy Basis	tored Agent if changing			

Signature of New Registered Agent, if changing

P = President; V = Vt	ice President; T		TR= Trustee; C = Chairman or Clerk CEO = Chief
held. President, Treas			more than one title, list the first letter of each office
			as the PST and Mike Jones is listed as the V. There is
			These should be noted as John Doe, PT as a Change,
Mike Jones, V as Rem	ove, and Sally S	mith, SV as an Add.	numb
Example: X Change	<u>PT</u> <u>Jo</u>	hn Doe	auri E
<u>A Chango</u>	11 30	in boc	<u>ှ</u>
X Remove	<u>V</u> <u>M</u>	ike Jones	Address Address
X Add	<u>SV</u> <u>Sa</u>	ally Smith	3.69.E
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>VP</u>	ANDREW MORRISM	114 MANDOLIN DRIVE
X Add			LAKE PLACIO, FL 33652
Remove			
Kemove			
2) Change			
Add			
Aud			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Aca			
Remove			
5) Change		<del> </del>	
Add			
Remove			
6) Change			
Add			
			**************************************
Remove			

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)

		(Be specific)				
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The date of each amendmen		, if other than th
date this document was signed		resign words
Effective date if applicable:	1-1-2017	dem),
	(no more than 90 days after amendment file date)	<del>क्र</del> ा <b>प्रा</b> १०
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	anner!
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	Antonio, McCal
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	**	(0 (0)
<u> </u>	(voting group)	(§: (§:
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder	12/17/16
Dated	12-13-16	, 
Signature _	gmorun pass.	SECOND PEC
() s	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)	C 20 PM
	JOSEPH MORRISON	
	(Typed or printed name of person signing)	8
·	PRESIDENT	
	(Title of person signing)	