Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000186240 3)))



H100001862403ABOW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257 Phone : (850)224-8870

Fax Number : (850)222-1222

\*\*Enter the email address for this business entity to be used for fit annual report mailings. Enter only one email address please.\*\*

Email Address:

2010 AUG 19

## COR AMND/RESTATE/CORRECT OR O/D RESIGN W & D CARPET INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help Alaun

8/19/2010

## Articles of Amendment to Articles of Incorporation of

W & D C	ARPET INC.			
(Name of Corporation as current	tly filed with the Florid	la Dept. of State)		
P04000024090				
(Document Number	er of Corporation (if kno	own)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	lorida Profit Corporation	adopts the fo	llowing
A. If amending name, onter the new name of t	he corporation:			
			_The ne	w
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess.  B. Enter new principal office address. If applie (Principal office address MUST BE A STREET).  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  D. If amonding the registered agent and/or registered agent and/or the new register.  Name of New Registered Agent:  New Registered Office Address:	exignation "Corp," "In exional association," or eable: ADDRESS)  BOX)  ristored office address	in Florida, enter the name	POP STATE AND AN ANTI- 13	FILED.
	•		•	
_	(Clty)	, Florida_ (Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent:	and accept the obligations	of the position	l.

Page 1 of 3

100

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) Title Name Type of Action Address TRE RAMON JURADA-CORRAL 2371 SE LONGHORN AVE ☑ Add PORT SAINT LUCIE FL 34952 ☐ Remove ☐ Add ☐ Remove □ Add ☐ 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 swandmant	8/18/10	
	(thus of adoption is required)	
(no more than 90 days ofter anondment file date)		
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the charelielders was/we	s adopted by the shareholders. The number of votes cast for the amendment(s) to sufficient for approval.	
	e approved by the charcholders through voting groups. The following statement if for each voting group entitled to vote separately on the amendment(s):	
"The number of voices	ass for the amendmem(s) was/word sufficient for approval	
by	(voting group)	
	(voling group)	
The amendment(s) was/wer need to amend the man mot required.	o adopted by the board of directors without shoroholder action and shareholder	
ि रिक बत्तावार्तमातात्व (६) अवस्थितः वृद्धीयम् अवस्थानात्वः	s adopted by the incorporators without shareholder antion and shareholder	
Dated&	18/10	
Signature	Joseph July Cooper	
	a director, president or other officer - If sirectars or officers have not been each, by an incorporator - If in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	WAHEED YOUSEF	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

Page 3 of 3