P04000051825

(Requestor's Name)			
(Address)			
•			
(0-11)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Entry Harris)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



700280639597

700290639597 01/11/16--01047--019 **52.50

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 1 4 2016 C. CARROTHERS

COVER-LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Treasure Coast Interior Solutions Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David E Hill Name of Contact Person Interior Solutions Firm/ Company PO Box 3150 Address Stuart, FL. 34995 City/ State and Zip Code David@interiorsolutions-stuart.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (772) 781-6883

Area Code & Daytime Telephone Number David E Hill Name of Contact Person 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Treasure Coast Interior Solutions, INC.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florid	a Dept. of State)	
P04000031825				
	(Document Number	of Corporation (if known		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corpora	tion adopts the following Affice	end ant(s) to
A. If amending name, enter the new na	ame of the corporation:		ASA	_ [
Interior Solutions, Inc.				nemo
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S	nation "Corp," "Inc," or tion," or the abbreviation if applicable:	"Co". A professional o		jatio n
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		NA·		
D. If amending the registered agent an new registered agent and/or the new			he name of the	
Name of New Registered Agent	NA			
	(Florida si	reet address)		
New Registered Office Address:	NA		Elouido	
<u>New Registerea Office Adaress</u> :		(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			gations of the position.	
	Signature of New 1	Registered Agent, if char	ging	

, 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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Address</u>
1) Change				
Add			•	
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) 0				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove			·	

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
A	
	•
7	
(10 A	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Adment it not contained in the athendinent itself.
(if not applicable, indicate N/A)	Adment it not contained in the athendinent riself.
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	·
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

	NA	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:	• • • • • • • • • • • • • • • • • • • •	
Encenve date <u>ir applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the ame of ufficient for approval.	ndment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required. The amendment(s) was/were ad-	opted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder	
action was not required.	1	
01/08/2016 Dated	.//	
	1/1/1/	
Signature	and 4 Hell	
selecte	irector, president or other officer – if directors or officers have n d, by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	
	David E Hill	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	