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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations West Coast Custom Cabinetry, Inc. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Carrie Payne Name of Contact Person West Coast Custom Cabinetry, Inc. Firm/ Company 11780 Metro Pkwy Suite B Fort Myers, FL 33966 City/ State and Zip Code Carrie@CabinetsClosetsAndTile.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carrie Payne Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section -Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the F	Clorida Dept. of State)	
(Document Number of Corporation (i	if known)	-
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendmen
If amending name, enter the new name of the corporation:		
West Coast Cabinets, Closets and Floorir	ng, Inc.	_The new
ame must be distinguishable and contain the word "corporatio Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " vord "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must	bbreviation contain the
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	· .	
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
		-
. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address	ress in Florida, enter the name of the	-
	- 	
(Florida str	reet address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	٠.
ew Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar w		
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar v Signature of New Registered 2	with and accept the obligations of the position.	

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 Doe				
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith	•			
Type of Action (Check One)	<u>Title</u>	Name	<u>e</u>		<u>Addres</u> s	
1) Change Add Remove						
2) Change Add Remove		- ,				
3) Change Add Remove		-				· · · · · · · · · · · · · · · · · · ·
4) Change Add Remove		· ·		·		
5) Change Add Remove	•	·		 ,		
6) Change Add Remove						

(=, 9, 9	. (Be specific)	
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:
provisions for implementing the amount	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:
provisions for implementing the amount	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:
provisions for implementing the amount	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:
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provisions for implementing the amount	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:
provisions for implementing the amount	change, reclassification, or cancellation of endment if not contained in the amendme	issued shares, nt itself:

The date of each amendment(s) a	doption: 3 27/12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s) -	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	27-2012
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Carrie Payne
	(Typed or printed name of person signing)
	President
	(Title of person signing)