# PD4000002535

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations •

Tallahassee, FL 32314

NAME OF CORPORATION: Impore	ssive Tile INC		
DOCUMENT NUMBER: P640000	162535		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this mat	tter to the following:		
aying The	Name of Contact Person		
Impressive	Tile Ticic Firm/ Company		
^ .	Firm/ Company		
Place Box 169	Address  Ch FL: 32/36  City/ State and Zip Code		
Flagler R	ch F1, 32/36		
	City/ State and Zip Code		
City/ State and Zip Code  QThronge CFL, RR, Com  E-mail address: (to be used for future annual report notification)			
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:		
Duinin Throng	at (386) 503-8875		
Name of Contact Person	at (386) 503 - 8875  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2015

QUINN THRONE IMPRESSIVE TILE, INC. P.O. BOX 1657 FLAGLER BEACH, FL 32136

SUBJECT: IMPRESSIVE TILE, INC.

Ref. Number: P04000062535

We have received your document for IMPRESSIVE TILE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Pleasé check only 1(one) box.

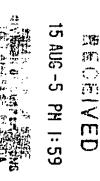
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

حاسبات والرازيان الأران والمرابلا والمتاعدة أنحام أماستكسك والمستحدات

Letter Number: 215A00015566



## Articles of Amendment to Articles of Incorporation

<b>'</b>	of	
Impressive Tile	TIVI	
(Name of Corporation as current	htly filed with the Florida Dept. of Sta	<u>te</u> )
P04000062535		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts th	e following amendment(s) t
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation na	or the abbreviation
B. Enter new principal office address, if applicable:	NA	
Principal office address <u>MUST BE A STREET ADDRESS</u> )		ر <b>ک</b> : ﷺ
	<del> </del>	Ser Carl
	<u> </u>	<del>- 2</del>
C. Enter new mailing address, if applicable:	1.4 Jan	<b>い</b>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	11/17	3 35
		^
		- I
		<del></del>
<ol> <li>If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses</li> </ol>		<u>e</u>
A 4	3331	
Name of New Registered Agent		<del></del>
,	street address)	
New Registered Office Address: 1	, Florid	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent. I am familia		position.
Signature of New	Registered Agent, if changing	
Signature of Nen	Regulered Agont, if changing	

### 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 = True'ee; 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	PT John	Doe		
X Remove	<u>V</u> <u>Mike</u>	e Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	CEO	Christophe	Robert	17 Pinell In
<b>X</b> Add		Biller JR	•	Palm Coast FL
Remove				17 Pinell In Pulm Coast FL 32164
2) Change		<del></del>		<u> </u>
Add ·				
Remove				
3 ) Change				
Add				
Remove				
4) Change			-	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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<u>f an amendment provides for a</u>	n exchange, reclass	ification, or cancella	ation of issued share	<u>.s.</u>
	<u>ie amendment if no</u>	t contained in the an	nendment itself:	
<u>provisions for implementing th</u>	V/A)			
provisions for implementing the (if not applicable, indicate N	V/ <i>A</i> )			
<u>provisions for implementing th</u>	V/A)			
provisions for implementing the (if not applicable, indicate N	V/A) 			
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provisions for implementing the (if not applicable, indicate N	V/A)			
provisions for implementing the (if not applicable, indicate N	V/A)			
provisions for implementing the (if not applicable, indicate N	V/A)			

The date of each amendment(s) adoption: 7-/5-/5 date this document was signed.	_, if other than the
Effective date if applicable: 7-15-15  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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 Prosident (Quinn Throne) " (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.	
Dated_7-/5-/5	
Signature Chicin Phion	
Signature Chillen Chion	<u> </u>
(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)	
A	
- Quinn I hrone	
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>