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## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: CRISMAR STONE & CABINETRY DESIGN CENTER, INC. DOCUMENT NUMBER: P04000119475 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ONALBER MIR-TOPPE Name of Contact Person Firm/ Company 5295 PHILLIPS HWY Address JACKSONVILLE, FL 32207 City/ State and Zip Code CRISMARSTONE@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ONALBER MIR-TOPPE 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** 

TO: Amendment Section

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 to Articles of Incorporation of

## CRISMAR STONE & CABINETRY DESIGN CENTER, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P04000119475 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, 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 = 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>	<u>Name</u>	<u>Addres</u> s
1) Change	SV	Morales, Jose I	5295 Phillips Hwy
Add			Jacksonville, FL 32207
Remove			
2) Change		_	
Add			
Remove			
3) Change			
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4) Change			
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77	icles, enter change(s) h (Be specific)			
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f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for implementing the ame	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	····
provisions for implementing the ame	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
provisions for implementing the ame	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
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provisions for implementing the ame	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification endment if not contain	or cancellation of ed in the amendme	issued shares, nt itself:	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
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"  (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 04/14/2015	
Signature	
(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)	
ONALBER MIR-TOPPE	
(Typed or printed name of person signing)	_
PRESIDENT	
(Title of person signing)	<del></del>