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ALLAHASSEL FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Taylor Newman C	abinetry, Inc	
DOCUMENT NUMB	ER: P04000126731		
	f Amendment and fee are su	hmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
:	Mark Newman		
-		Name of Contact Person	1
-		Firm/ Company	
-	754 Fleet Financial Court Su	ite 200	
-		Address	
!	Longwood FL 32750		
-		City/ State and Zip Code	e
mark@	tninc.org		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mark Newman		at (<u>407</u>	718-8349
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mail</u>	ing Address	Street	Address
	ndment Section	Amendment Section	
Division of Corporations		Division of Corporations Clifton Building	
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Taylor Newman Cabinetry, Inc				
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	<u> </u>	
P04000126731				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amenda	ment(s) to
A. If amending name, enter the new na	me of the corporation:			
TRE Cabinet Group Inc			The ne	ew.
	nation "Corp." "Inc." or	m," "company," or "incorporated" or "Co". A professional corporation name "P.A."		
B. Enter new principal office address,	if applies ble:	446 Woodford Drive		
(Principal office address MUST BE A S		Debary, FL 32713		-
			.	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		446 Woodford Drive	· · · · · · · · · · · · · · · · · · ·	- :
		Debary, FL 32713	ALL	Ī
		 	第二 是	
D. If amending the registered agent an			17.7	TILED TILED
new registered agent and/or the new	w registered of fice addres	<u>s:</u>	TLOWDA	관 [] -
Name of New Registered Agent				↓ : 2
	446 Woodford Drive			-
	(Florida si	reet address)		
New Registered Office Address:	Debary 32713 Florida		2713	
New Negisierea (Affice Maaress).		(City)	(Zip Code)	_
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	t: with and accept the obligations of the po:	sition.	
	Signature of New 1	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	$\underline{\mathbf{V}}$	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	VP	Robin Jones	446 Woodford Drive
X Add			Debary, FL 32713
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Ά	
	
	<u> </u>
If an amandment provider for an evel	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Ά	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment		, if other than the
date this document was signed	l. 11-13-2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
11-13 Dated	3-2017	
S	By a director president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary) Mark Newman (Typed or printed name of person signing) President	
	(Title of person signing)	
	() tile of person signing)	