PD4000151382

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: Crown Custom	n Desig	ns, Inc.	
DOCUMENT NUM	BER: P04000151382	···	_	
The enclosed Article	s of Amendment and fee are sub	mitted for	filing.	
Please return all corre	espondence concerning this matt	er to the f	ollowing:	
		s Bronto		
	(Name of	Contact P	erson)	
	Crown Cust	tom Des	igns, Inc.	
	(Firm	/ Compan	y)	
	27031	I Pine A	ve.	
	(A	Address)		
	Bonita Sprin	as. Floria	da 34135	
	(City/ Stat		 	
	cbronton			
,	E-mail address: (to be used	d for futur	e annual report not	ification)
For further information	on concerning this matter, please	e call:		
Chris Bronton		at (239) 289-8	3844
(Name	of Contact Person)	*** \-	(Area Code & Da	3844 Lytime Telephone Number)
Enclosed is a check f	or the following amount made p	ayable to	the Florida Departm	nent of State:
☑ \$35 Filing Fee	Certificate of Status	Certif	,	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section		y	Street Address Amendment Section	
	ion of Corporations		Division of Corpo Clifton Building	rations
P.O. Box 6327 Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

•		
Crown Custor	m Designs, Inc.	6
(Name of Corporation as currentl	ly filed with the Florida Dept. of S	tate)
P04000	0151382	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flothe following amendment(s) to its Articles of Incorp.		Profit Corporation adop
A. If amending name, enter the new name of the	e corporation:	
Ceramic Tile Works	of Southwest Florida, Inc.	
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." <u>"Company" or "</u>		corporated" or the
B. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
 If amending the registered agent and/or registered agent and/or the new registered. 		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered age position.		ept the obligations of th

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
E. If amen	ding or adding additional Andditional Andditional sheets, if necessary,	articles, enter change(s) here: (Be specific)	
			- ,,
		-	
	···· · - -		

The date of each amendmen	t(s) adoption: 9/15/2010
Effective date <u>if applicable</u> :	9/29/2016 (date of adoption is required)
	(no more than 90 days after amendment file date)
·	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_9/15	5/2010
Signature	
(By	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Chris Bronton
	(Typed or printed name of person signing)
	President
	(Title of person signing)