Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : AIT PLUS CONSULTING

Account Number : I20080000061 : (407)582-9830 Phone Fax Number : (407)294-7677

Enter the email address for this business entity to be used for future ightharpoonupannual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MOSES FLOORING, INC

Certificate of Status 0 0 Certified Copy Page Count 01 \$35.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOSES	FLOORING, INC
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
MARIA PINHE	EIRO
	Name of Contact Person
AIT PLUS CO	NSULTING, LLC
	Firm/ Company
8421 S ORAN	GE BLOSSOM TRAIL # 109
	Address
ORLANDO, FI	<u> 22809</u>
	City/ State and Zip Code
maria@aitplus.com	n
	be used for future annual report notification)
For further information concerning this matter,	
MARIA PINHEIRO	_{at (} 407) 582-9830
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State	
Mailing Address 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

	Articles of Inco	orporation		, S.
MOSES FLOORING, INC	of			-
(Name of Corporation as current	tly filed with the Fi	orida Dent. of Sta	ta)	
P05000078636	ay iidd with wie I i	origin is the original	· · · · · · · · · · · · · · · · · · ·	
(Document Number	er of Corporation (if	known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corp	oration adopts the follow	ing amendme
A. If amending name, enter the new name of th	<u>1e corporation:</u>			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "C	o". A professioni		
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET A</u>				- - ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)			·
D. If amending the registered agent and/or regineer registered agent and/or the new register.		ss in Florida, ente	the name of the	_
Name of New Registered Agent				•
	(Florida stree	t address)		
New Registered Office Address:	451.1	·	, Florida	_
	(Ctty)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar wit	th and accept the o	bligations of the position.	
Signature of	f New Registered Ag	ent, 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

X Change	PT Joh	n Doe	
X Remove	Y Mil	ce Jones	
X Add	<u>SV</u> <u>Sali</u>	ly Smith	·
Type of Action (Check One)	_Title	Name	Address
1) Change	DIR	GEBER S PESSOA	7725 MURCOTT CIRCLE
Add			ORLANDO, FL 32835
X Remove			
2) Change	DIR	LARRY SMITH	7725 MURCOTT CIRCLE
X Add			ORLANDO, FL 32835
Remove			
3) Change		,	
Add			
Кеточе		·	
4) Change			,
Add			
Remove			
5) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
6) Change			
Add			
Remove			

	ditional sheets, if n	ecessary). (Be sp	ter change(s) here: pecific)		
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	dment provides fo	or an exchange, re g the amendment	classification, or c	ancellation of issued s the amendment itself	<u>hares,</u>
an amen royisions (if not	s for implementing applicable, indica	ute N/A)			
an amen rovisions (if not	s for implementing tapplicable, indica	ate N/A)			
an amen royisions (if not	s for implementing applicable, indica	ite N/A)			
an amen rovisions (if not	s for implementing tapplicable, indica	ite N/A)			
an amen rovisions (if not	s for implementing applicable, indica	ite N/A)			
an amen grovisions (if not	s for implementing	ite N/A)			

The date of each amendment(s)	adoption: 09/04/2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	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 reach voting group entitled to vote separately on the amendment(s):
"The number of votes can	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 09/04	2012
(By a select	lirector, president or other officer — if directors or officers have not been incorporator — if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	ANTONIO MOISES QUIRINO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)