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Office Use Only



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SECRETARY OF STATE
SIVISION OF CORPORATIONS

C. LEWIS

JUL 28 2014

## **COVER LETTER**

TO: Amendment Section Division of Corporations	*
	ne Stone and Tile Inc.
DOCUMENT NUMBER: POSODO	082315
The enclosed Articles of Amendment and fee are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
<u>Erik Su</u>	Name of Contact Person
	Name of Contact Person
Sublime	Store and Tile Ivx.
	• •
1823 SE	Jackson St
	Address
Stuart	City/ State and Zip Code
	City/ State and Zip Code
Siblime E-mail address: (to b	stone @ hotmail com e used for future annual report notification)
For further information concerning this matter, p	olease call:
Erik Swope Name of Contact Person	at (772) 286.563  Area Code & Daytime Telephone Number
Name of Contact Person	Alea Code & Dayune Telephole Number
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Statu	& Certified Copy (Additional copy is enclosed)  Second Status Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to les of Incorporation

	Articles of Incorp	oration	1962 <u>U</u>	ATE
-	of		SECRETARY OF ST	ATIONS
Sublime Stone	and Tile	10c.	UMBleadi on	1. le
(Name of Corporation as curre	ntly filed with the Flori	ida Dept. of State)	14 JUL 14 PM	1:40
P050000	82315		,	
	ber of Corporation (if kn	own)		_
rsuant to the provisions of section 607.1006, l Articles of Incorporation:	Florida Statutes, this Florida	rida Profit Corpord	ation adopts the following	ng amendment(
If amending name, enter the new name of	the corporation:			The new
ome must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co"	". A professional o	incorporated" or the a corporation name must	abbreviation contain the
Enter new principal office address, if apprincipal office address MUST BE A STREE		N/A		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		N/A		<del>-</del> 
If amending the registered agent and/or r new registered agent and/or the new regis		in Florida, enter (	the name of the	_
Name of New Registered Agent	N/A			
	(Florida street	address)		
New Registered Office Address:		]	Florida	_
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing the reby accept the appointment as registered a		and accent the obj	ications of the position	
истом чесері ше арронинені из техіметей и	50m. Tan jamua wu	. или иссері іне ооі	.gons of the position.	
Signatur	e of New Registered Age	nt, 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	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u> _	Kris Donaldson	13770 159th St.N
Add			Jupiter, FL
X Remove			33478
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)
11/0	
N//4	
., ., ., ., ., ., ., ., ., ., ., ., ., .	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Next	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument is not contained in the affectionent user.
	shares to removed officer,
Cancel 155mg	should to removed officer;
Kris Donaldson	<i>\'</i>
THE TOO WALL SET	

The date of each amendment(s) adoption:	May 18, 2014	SECRETARY OF STATE, IF O	ther than the
Effective date <u>if applicable</u> : (n	104 18,2014 no more than 90 days after amendm	ent fift, dolen 14 PM 1: 41	
	CK ONE)		
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr		at for the amendment(s)	
The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendm		oval	
by(voting		······································	
The amendment(s) was/were adopted by the boa action was not required.	ard of directors without shareholder	action and shareholder	
The amendment(s) was/were adopted by the incoaction was not required.	corporators without shareholder action	on and shareholder	
Dated 7-10-14			
Signature Cac	nt or other officer – if directors or o	CC and beautiful to the control of t	
	orator - if in the hands of a receiver		
Tara	(Typed or printed name of person	on signing)	
	Title of person signing	<u> </u>	