

## **Electronic Filing Cover Sheet**

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(((H05000270027 3)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: REYNALDO H. GRINSTEIN

Account Number : 120040000171 Phone

Fax Number

: (904)779-2777 : (904)779-5088

## **BASIC AMENDMENT**

## ABA KITCHEN CRAFT INC

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

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WAMPHO

ARMOR INSURANCE WEST (HOT0002700273)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: ABA KITCHE                                                                | N CRAFT INC                                                                                                                                            |            |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| DOCUMENT NUMBER: P05000151284                                                                  |                                                                                                                                                        |            |
| The enclosed Articles of Amendment and fee are s                                               | submitted for filing.                                                                                                                                  | 2          |
| Please return all correspondence concerning this m                                             | natter to the following:                                                                                                                               |            |
| REYNALDO GRINSTEIN                                                                             | <u>m</u> ~:                                                                                                                                            | _          |
|                                                                                                |                                                                                                                                                        | <b>E</b> [ |
| ARMOR INSURANCE AGE                                                                            | م حذرت                                                                                                                                                 | o T        |
|                                                                                                | Company)                                                                                                                                               |            |
| 2631-A JAMMES RD                                                                               |                                                                                                                                                        |            |
|                                                                                                | ldress)                                                                                                                                                |            |
| JACKSONVILLE,FL 32244,DIF                                                                      | RECTOR.                                                                                                                                                |            |
| (City/ State                                                                                   | and Zip Code)                                                                                                                                          |            |
| For further information concerning this matter, ple                                            | ase call:                                                                                                                                              |            |
| REYNALDO GRINSTEIN                                                                             | at ( 904 ) 779-2777                                                                                                                                    |            |
| (Name of Contact Person)                                                                       | (Area Code & Daytime Telephone Number)                                                                                                                 |            |
| Enclosed is a check for the following amount:                                                  |                                                                                                                                                        |            |
| \$35 Filing Fee \$\sum \text{S43.75 Filing Fee & Certificate of Status}\$                      | □\$43.75 Filing Fee & □\$52.50 Filing Fe Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fe Certified Copy (Additional Copy is enclosed) | tatus      |
| 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 Tallahassec, FL 32301                          |            |
| (HO5000                                                                                        | 12700273)                                                                                                                                              |            |

| ./2005                                        | 18:35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9047795088                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ( 6 )                                                                                  | ARMOR INSURANCE WEST                                                                                                | \                                       | PAG      |
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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        | o<br>neorporation                                                                                                   |                                         |          |
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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                                      | •                                                                                                                   | , SEE                                   |          |
|                                               | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 05000151284                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                                                                     | 200                                     | <u>₽</u> |
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|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tion 607.1006, Flor<br>(s) to its Articles of                                          | rida Statutes, this <i>Florida Pro</i><br>f Incorporation:                                                          |                                         |          |
| •                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                        | •                                                                                                                   |                                         |          |
| 3,713.11                                      | * AT A T T T T T T T T T T T T T T T T T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dala region de la desta de la compansión d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C - h \ .                                                                              |                                                                                                                     |                                         |          |
| NEW                                           | CORPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>RATE NAME (i</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | f changing):                                                                           |                                                                                                                     |                                         |          |
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| (Must<br>(A pro                               | contain the v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | word "corporation," 'poration must conta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | company," or "incorpo<br>n the word "chartered"                                        | ', "professional association," or the                                                                               | e abbreviation "P.A                     | \.")     |
| (Must<br>(A pro                               | contain the v<br>fessional cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | word "corporation," ' poration must conta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | company," or "incorpo<br>n the word "chartered"<br>OTHER THAN N                        | orated" or the abbreviation "Corp., ', "professional association," or the NAME CHANGE) Indicate eted: (BE SPECIFIC) | e abbreviation "P.A                     | \.")     |
| (Must<br>(A pro<br>AME<br>and/o               | contain the v<br>fessional cor<br>NDMENT<br>r Article T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | vord "corporation," poration must contain must contain the state of th | company," or "incorpo<br>n the word "chartered"<br>OTHER THAN N<br>nded, added or dele | ', "professional association," or the NAME CHANGE) Indicate cted: (BE SPECIFIC)                                     | e abbreviation "P./<br>Article Number   | (s)      |
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(continued)
(Hos access as 273

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| The date of each amendment(s) adoption: 11-18-2005                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable: 11-18-2005                                                                                                                                                                                    |
| (no more than 90 days after amendment file date)                                                                                                                                                                            |
| Adoption of Amendment(s) (CHECK ONE)                                                                                                                                                                                        |
| The amendment(s) was/were approved by the shareholders. The number of votes cast for<br>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.                                                                                                  |
| 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) |
| (Typed or printed name of person signing)  (NCORADANO_                                                                                                                                                                      |
| (Title of person signing)                                                                                                                                                                                                   |

FILING FEE: \$35

(Hot0002700273)