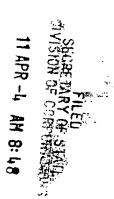
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Office Use Only



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C.COULLIETTE

APR 06 2011

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF COR	PORATION: VISION	KITCHEN & BATH, INC	•
DOCUMENT NU	mber: <u>P06000</u>	046355	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning t	this matter to the following:	
	KHA	VU Name of Contact Person	
		Name of Contact Person	
	VISION KITCHE	EN 3 BATH TNC. Firm/Company	
	5614 E. POW	HATAN AVE Address	
		336 10 City/ State and Zip Code	
	Kha @ VISIONKITU E-mail address: (to be u	HENBATH . LOM sed for future annual report notification)	
For further inform	ation concerning this matte	r, please call:	
KIM	NGUYEN of Contact Person	at (<u>813</u>) <u>310 157</u> Area Code & Daytime Tele	rq ephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Depart	ment of State:
 \$ \$35 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	` e

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

P060000 46355	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
N/A	The new
name must be distinguishable and contain the word "corpablic representation "Corp" "Inc.," or Co.," or the designation "Coame must contain the word "chartered." "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	VISION KITCHEN & BATH INC.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	5614 E. POWHATAN AVE
	TAMPA FL 33610
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5614 E. POWHATAN AVE
	TAMPA FL 33LIU
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent: N/A	
New Registered Office Address: (Flori	ida street address)
(City)	, Florida (Zip Code)
· · · · · · · · · · · · · · · · · · ·	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.
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
Title	N	ame	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
YP_	KIM ANH NGUYEN	5614 E POWHATAN +	AVER Add Remove
			_

	ding or adding additional Articles, entendeditional sheets, if necessary). (Be spec		
		*** S *** S *** W *** S ***	
provisi	mendment provides for an exchange, reconst for implementing the amendment if not applicable, indicate N/A)		
	N/¥		

The date of each amendment(s) add	option:	412512011	03/25/2011
Effective date <u>if applicable</u> :	(date	e of adoption is requ	ired)
(no m	ore than 90 days	after amendment fil	e date)
Adoption of Amendment(s)	(CHECK (
The amendment(s) was/were adop by the shareholders was/were suff			of votes cast for the amendment(s)
The amendment(s) was/were appr must be separately provided for ea			
"The number of votes east for	r the amendment(s) was/were sufficie	nt for approval
by	g group)		,
(voting	g group)		
The amendment(s) was/were adopaction was not required. The amendment(s) was/were adopaction was not required.	·		
Dated 03 25	12011		
selected, by		- if in the hands of	ectors or officers have not been a receiver, trustee, or other court
	KHA (Typed or p	VII printed name of pers	on signing)
	PRESID	ENT / OWN	_