P06000088393

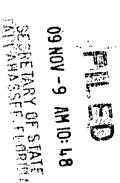
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | | |

Office Use Only



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Alward

NOV 1 3 2009

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORI | PORATION: CREA | TIVE DECKING & SOLUTION | ONS, INC. |
|--------------------------|--|---|---|
| DOCUMENT NU | MBER: | P06000088393 | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | |
| Please return all co | orrespondence concerning thi | s matter to the following: | |
| | | JCE JWANOUSKOS | |
| | N | ame of Contact Person | |
| | CREATIVE DI | ECKING & SOLUTIONS, INC. | |
| | | Firm/ Company | |
| | 1: | 5417 US HWY 19 | |
| | | Address | |
| | н | JDSON, FL. 34667 | |
| | | ity/ State and Zip Code | |
| | creativeded | cking35@yahoo.com d for future annual report notification) | |
| For further inform | ation concerning this matter, | please call: | |
| | | at (727) 99. | 2-6382 |
| Name | e of Contact Person | Area Code & Daytime Telep | phone Number |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Departr | nent 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) |
| Mailing A | ddress | Street Address | |
| Amendmei | | Amendment Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 6327 | | Clifton Building 2661 Executive Center Circle | |
| Tallahassee FL 32314 | | Zoo i Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CREATIVE DECKING & SOLUTIONS, INC.

| (Name of Corporation as currently filed with | the Florida Dept. of State) | |
|---|--|-----------------------------|
| P06000088393 | | |
| (Document Number of Corporat | ion (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation: | es, this <i>Florida Profit Corpora</i> | ution adopts the following |
| A. If amending name, enter the new name of the corporation | <u>n:</u> | |
| | | The new |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associate. B. Enter new principal office address, if applicable: | orp," "Inc," or "Co". A profe | essional corporation 4." |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | HUDSON, FL. 34667 | 09 NOV -9 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 15417 US HWY 19 | AMIO: 48 |
| | HUDSON, FL. 34667 | <u>जिल</u> ० |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade | | 1ame of the |

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

, Florida____

(Zip Code)

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 |
|--------------|--|--|-----------------------|
| VPD | CHRISTOPHER A CHERYLOK | 5115 STATE ROAD 54 NEW PORT RICHEY FL 34652 | ☐ Add ☑ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | ding or adding additional Articles, enter dditional sheets, if necessary). (Be specifically additional sheets) | | |
| | | | |
| | | | |
| provisi | mendment provides for an exchange, recloons for implementing the amendment if rect applicable, indicate N/A) | assification, or cancellation of iss not contained in the amendment i | ued shares, tself: |
| | | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: 10/1/09 |
|---------------------------------------|---|
| 4 . 4 . 3 | (date of adoption is required) |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| adoption of Amendment(s) | (CHECK ONE) |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval. |
| | ere approved by the shareholders through voting groups. The following statement ed 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) |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| Dated | 12m & A |
| sel | y a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
| | BRUCE JWANOUSKOS |
| | (Typed or printed name of person signing) |
| | PRESIDENT |
| | (Title of person signing) |