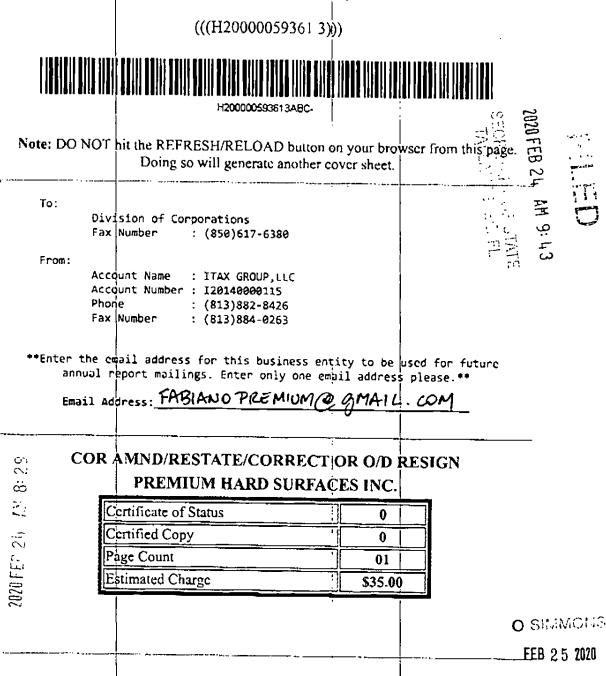
Florida Department of State Political Department of State Po

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER	••
TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: PR	EMIUM HARD SURFACES INC.	
DOCUMENT NUMBER: P06000	096031	
The enclosed Articles of Amendmen	and fee are submitted for filing.	
Please return all correspondence cor	cerning this matter to the following:	
FABIANO D		
	Name of Contact Person	
	Firm/ Company	
7716 ALVIN		į
	Address	
TAMPA, FL	33625	
 _	City/ State and Zip Code	
FABIANOPR	EMIUM@GMAIL.COM	:
E-mail ac	dress: (to be used for future annual report no	otification)
For further information concerning t	is matter, please call:	Ì
FABIANO DA SILVA	,813	477-4143
Name of Contact Pers	on Area Code	& Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Depart	1
	Filing Fee & []\$43.75 Filing Fee & [ate of Status Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	tions Division of The Cent	ent Section of Corporations are of Tallahassee Monroe Street, Suite 810 ee, FL 32303

	Articles of Amo to	{		
	Articles of Incor	poration		
PREMIUM HARD SURFACES IN	" -	·		
(N:	ame of Corporation as currently f	iled with the Florida Dept. o	of State)	 -
P06000096031				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this Fig.	erida Profit Corporation adop	ots the following amendment(s)) to
A. If amending name, enter the n	ew name of the corporation:			
			The new	
name must be distinguishable and co "Inc.," or Co.," or the designatio "chartered," "professional associat	n Corp. Inc. or "Co". A n	spany," or "incorporated" or rofessional carporation nam	16 1.1	
B. Enter new principal office add	ress, if applicable:			
(Principal office address MUST B);	A STREET ADDRESS)		五元 2 元	
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C. Enter new mailing address, if	applicable:		19: L	
(Mailing address: MAY BE A PC	<u>OST OFFICE BOX</u>)		13	
	_			
D. If amending the registered ages	t and/or posictored office add	1- Yu - 11		
new registered agent and/or the	new registered office address;	in Florida, enter the name	<u>of the</u>	
Name of New Registered As	ent			
				
	(Florida street a	uddress);		
New Registered Office Addr		•		
	(Cir	, Fi	orida	
New Registered Agent's Signature,	if the second results and the second			
I hereby accept the appointment as re	gistered agent. I am familiar with	and accept the obligations of	the position	
		,,	populati.	
		•		
	Signature of New Region	tered Agent, if changing		
Check if applicable	angular to protect the gas	осе пкот у спануту		
	d pursuant to s. 607.0120 (11) (c).	FS		

address of each Offic	CL SUCYOL D	rector being added:	officer/director being removed and title, name, and
(Attach udditional she	els, if necess	udry)	
Please note the officer	director titl	e by the first letter of the office title:	
$P \sim President; V = Violation V$	ce President	; T- Treusurer; S= Secretary; D- Director;	TR= Trustee: C = Chairman or Clerk; CEO - Chief
TWO CONTROL CANALEST CANAL	o Chiejri	nuncial Officer. If an officer/director holds m	wre than one title, list the first letter of each office held.
· · compons, i i cosmici, i	DIFFELLOT WOL	uiu ne r (D).	
Changes should be no	ted in the for	llowing manner. Currently John Doc is listed	as the PST and Mike Jones is listed as the V. There is
a mange, mine mines	ren sen me el	orporumin, same sman is named the y and Si	These should be noted as John Doc, PT as a Change,
Mike Jones, V as Remo	ve, and Sali	y Smith, SV as an Add.	these and all of holes as John Die, 1 1 as a Change,
Example:			
X_Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	: <u>Address</u>
1) Change	۷۳ 	SANDRA MARCAL	7716 ALVINA STREET
X ^dd			TAMPA, FL 33625
Remove			202
2) Change			
			- N Jacobs
Remove 3) Change			
Add			- <u> </u>
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			
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Remove			
n Change			
Add			
Remove			

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E. If amending or adding additional Articles	t antur shanastal Lie-	.		
(Attach additional sheets, if necessary). (E	Be specific)	<u> </u>		
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. If an amendment provides for an exchange	e. reclassification, or o	cancellation of issued	cham	
provisions for implementing the amending	ent if not contained ir	n the amendment itsel	<u>f:</u>	
(if not applicable, indicate N/A)				
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The date of each amendment(s) as date this document was signed.	loption:			, if c	other than the
Effective date if applicable:					
	(no m	ore than 90 days after	amendment file date)		
Note: If the date inserted in this be document's effective date on the De	ock does not meet pariment of State's	the applicable statuto records,	ry filing requirements, t	this date will not be	listed as the
Adoption of Amendment(s)	(<u>CHECK (</u>	<u>NE</u>)			
The amendment(s) was/were ado action was not required.	pted by the incorpo	rators, or board of dire	ctors without sharehold	er action and shareh	older
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareho Ticient for approva	lders. The number of	votes cast for the amend	lment(s)	
☐ The amendment(s) was/were appliants to separately provided for a	roved by the shareh each voting group o	olders through voting	groups. The following s ely on the amendment(s));	
"The number of votes cast i				2020 FEB . SEGRETA TALLA:	
by	(voting grou	(p)	 ."	1.00 S	- V,
	1,2,,,,6,8,,,-	<i>P1</i>		24 11/4/2	33.6.4
Dated	cctor, president or	other officer if direct	ors or officers have not	AM 9: 43 SHE, FL been	
Sciected appoints	d fiduciary by that	— if in the hands of a . fiduciary)	receiver, trustee, or othe	r court	
	ABIANO DA SIL	• /			
-	(Typed o	r printed name of pers	onlsiening)		
E	RESIDENT				
- -	(Title of	person signing)	İ		