187000007323

(Re	questor's Name)	
. (Ad	dress)	
• (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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> 10 FEB -2 AMII: 10 SECRETARY OF STATE ALLAHASSEE, FLORIDA

NC DEGC

COVER LETTER

•		
TO: Amendment Section Division of Corporations		,
NAME OF CORPORATION: Floor:	ng Professional	S inc-
DOCUMENT NUMBER: PO70	00007323	
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
James 5	Sac Kett Name of Contact Person	
Flooring	Professionals	inc.
5329 Pra	Address	· · · · · · · · · · · · · · · · · · ·
Gulf Bre	eze Fla. 32 City/ State and Zip Code	-563
Flooring fro	Fe5510 NalSINC ed for future annual report notification)	g yahoo. com
For further information concerning this matter,	please call:	
James Sackett Name of Contact Person	at (<u>850</u>) <u>9(8-</u> Area Code & Daytime Tele	
Enclosed is a check for the following amount n	nade payable to the Florida Departs	ment of State:
\$35 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 Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

•	OI			
· Flooring Profe	ssional	Sinc.		
(Name of Corporation as cu			of State)	
Po90000093	2_3			
	umber of Corporat	ion (if known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		tes, this <i>Florida P</i>	rofit Corporation	adopts the following
A. If amending name, enter the new name	of the corporation	<u>n:</u>		
Flooring Profess name must be distinguishable and contain	ionals in	c. Amer	ica	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p	he designation "C	'orp," "Inc," or "C	lo". A profession	rated" or the al corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		NA (Sar	ne)	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF		NA (So	(ne)	FILED 10 FEB -2 AMII: SECRETARY OF ST TALLAHASSEE. FLO
D. If amending the registered agent and/or	r registered office	address in Florid	a, enter the name	of the STA
new registered agent and/or the new re-				
Name of New Registered Agent:	NA (same)		·
New Registered Office Address:	(Flor	ida street address)	***************************************	
	(City)	, <u>.</u>	, Florida (Zip Code)	Make to the state of the state
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am fami	iliar with and accep		f the position.
_	NA (S	Registered Agent,	······································	
	signature of New	kegistered-Agent,	y cnanging	

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
		NA (Same)		☐ Add ☐ Remove
				☐ Add ☐ Remove
				☐ Add ☐ Remove
		ional sheets, if necessary). (Be	specific)	
prov ()	isions if not a		e, reclassification, or cancellation of issunt in the amendment it	

The date of each amendment(s) adoption: 1/27/2010
. (date of adoption is required)
Effective daté if applicable: 1/27/20(5) (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for 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
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.
Dated $1/27/2010$
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)
James Sackett
(Typed or printed name of person signing) President (Title of person signing)