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Division of Corporations

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: (850)617-6380

From:

Account Name

: CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099 Phone

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

info@activatemylicense.com Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN RESTAURANT INTERIORS INC.

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H17000004621 3

From: Bill Moore

Fax: (813) 932-5244

To:

Fax: (850) 617-6380 **COVER LETTER**

Page 2 of 5 01/05/2017 4:18 PM 170 00004621 3

H17000004621 3

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	RESTAURANT INTERIORS INC.		
DOCUMENT N	UMBER:		SE SIVIG	
The enclosed Arti	cles of Amendment and fee	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:	-5 PK	
		BILL MOORE Name of Contact Person	PH 4: 37	
	ı	Name of Contact Person		
	CONTRACTORS	REPORTING SERVICE, INC		
		Firm/ Company		
	1379	95 N Nebraska Ave		
		Address		
		ampa, FL 33613		
		City/ State and Zip Code		
	info@acti E-mail address: (to be use	vatemylicense.com ed for future annual report notification)		
For further inform	nation concerning this matter,	, please call:		
	BILL MOORE	at(813) 932-5244		
Name	e of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	ck for the following amount r	nade payable to the Florida Department of State:		
\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy Certificate of Star (Additional copy is enclosed) Certified Copy (Additional Copy	tus	
Mailing A		Street Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
	•	Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle		

From:	Bill	М	0016
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Fax: (813) 932-5244

Fax: (850) 617-6380

To:

Page 3 of 5 01/05/2017 4:16 PM

Articles of Amendment

	A Pricing of It	ncorporation	H17000004621-3
	Articles of it		
		NTERIORS INC.	Dept. of State) On)
-	······································		D 4 (S) 1
	(Name of Corporation as currently	tilled with the Florida	Dept. of State)
_	₽07000	019651	P
	(Document Number	of Corporation (if know	/n)
	provisions of section 607.1006, Florida State its Articles of Incorporation:	ntutes, this <i>Florida Pro</i>	fit Corporation adopts the
<u>If amending</u>	name, enter the new name of the corpora	tion:	
	ARROW HOMES	INC	The n
bbreviation "C	distinguishable and contain the word "co orp.," "Inc.," or Co.," or the designation iin the word "chartered," "professional asso	"Corp," "Inc," or "Co	". A professional corporati
	rincipal office address, if applicable:	5004 E FOWLE	ER AVE
Principal office	address <u>MUST BE A STREET ADDRESS</u>) SUITE C #341 TAMPA, FL 33	
C. Enter new 1	mailing address, if applicable:		•
	tress MAY BE A POST OFFICE BOX	5004 E FOWLE	R_AVE
		SUITE C #341	
		TAMPA, FL 33	617
new register	the registered agent and/or registered office agent and/or the new registered office a		enter the name of the
<u>ivume Of</u>	wer negistered Agent.		W 17:10
	istered Office Address: (F1	orida street address)	
New Reg	1		
<u>New Reg</u>			, Florida

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

Signature of New Registered Agent, if changing

Bill Moore Ifamendi:	Fax: (813) 932-5244 ng the Officers and/or I	To: Directors enter t	Fax: (850) 617-6380 he title and name of each o	Page 4 of 5 01/05/2017 4:16 PM <u>Micer/director being</u> H1700000462
removed a	and title, name, and add	ress of each Offi	icer and/or Director being a	idded:
	ditional sheets, if necesso		teer and or Director being t	added.
<u>Title</u>	<u>Name</u>		Address	Type of Ac
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	nding or adding additional sheets, if neces			
		10		
			eclassification, or cancellation of contained in the amen	
	not applicable, indicate i		. not contained in the differ	GHICH HOUL.
				,

ВіІІ Мі Т Һ і	oore Fax: (813) 932-5244 e date of each amendment	(s) adoption: 01/05/2017	Fax: (850) 617-6380	Page 5 of 5 01/05/2017 4:16 PM H I / CUUUUU4021
	o auto or each unionament	(date of ad	option is required)	
Εſſ	ective date <u>if applicable</u> :			
		(no more than 90 days after a	mendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)		
Ø	The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders ere sufficient for approval.	The number of vote	es cast for the amendment(s)
		re approved by the shareholder d for each voting group entitle		
	"The number of votes	cast for the amendment(s) was	were sufficient for a	pproval
	by	,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(voting group)		
_	action was not required.	re adopted by the board of dire		
	Dated			
	sele	a director, president or other octed, by an incorporator - if in ointed fiduciary by that fiducia	the hands of a receive	
		ANDRE	W R DENTON	
		(Typed or printed	name of person sign	ing)
		PR	ESIDENT	
		(Title of person signi	ng)	

From: