## 207000019968

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| PICK-UP                 | WAIT              | MAIL         |
|                         |                   |              |
| (Bu                     | siness Entity Nam | ne)          |
|                         | ·                 | •            |
| (Do                     | cument Number)    |              |
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| Certified Copies        | _ Certificates    | of Status    |
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| Special Instructions to | Filing Officer    |              |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORI             | PORATION:                                  | Royal Ho              | ome Furnis                      | shings, Corp                      |             |
|--------------------------|--|-----------------------|---------------------------------|-----------------------------------|-------------|
| DOCUMENT NU              | MBER:                                      | P07000019968          |                                 |                                   |             |
| The enclosed Artic       | cles of Amendment and                      | fee are submitte      | d for filing.                   |                                   |             |
| Please return all co     | orrespondence concernir                    | ng this matter to     | the following                   | :                                 |             |
|                          |  | ANIS BLE              |                                 |                                   | _           |
|                          |  | Name of Conta         | ct Person                       |                                   |             |
| AB                       |  | AB CONSU              | ILTING                          |                                   | _           |
| Firm/ Company            |  |                       |                                 |                                   |             |
|                          | 471 NE 167TH STREET                        |                       |                                 |                                   |             |
| Address                  |  |                       | _                               |                                   |             |
|                          | Non  |                       |                                 |                                   |             |
|                          | NOR  | City/ State and       |                                 | 162                               | _           |
|                          |  | City/ State and       | zip Code                        |                                   |             |
|                          | ABLEMU                                     | JR@ABFINAN            | CIALS.COM                       |                                   |             |
|                          | E-mail address: (to b                      | se used for future ar | inuai report noti               | ification)                        |             |
| For further informa      | ation concerning this ma                   | atter, please call:   |                                 |                                   |             |
| JOA                      | AQUIN BASSOLS                              | at (                  | 305                             | 653-5295                          |             |
| Name                     | of Contact Person                          |                       | Area Code & D                   | aytime Telephone Numb             | er          |
| Enclosed is a check      | k for the following amou                   | unt made payabl       | e to the Floric                 | da Department of Sta              | te:         |
| ☑ \$35 Filing Fee        | \$43.75 Filing Fee & Certificate of Status | Cert                  | 75 Filing Fee & ified Copy is e | Certificat<br>enclosed) Certified | e of Status |
| Mailing A                |  | Street                | Address                         |                                   |             |
| Amendment Section        |  |                       | Amendment Section               |                                   |             |
| Division of Corporations |  |                       | on of Corpora                   | ations                            |             |
| P.O. Box 6327            |  | Clifto                | Clifton Building                |                                   |             |
| Tallahassee El 2021/     |  | 2661.1                | Evecutive Cer                   | nter Circle                       |             |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| ROYAL HOME FURNISHIN   | NGS CORP.                    |                         |                  |
|--|------------------------------|-------------------------|------------------|
| (Name of Corporation as currently filed with   | the Florida Dept. of         | State)                  |                  |
| P07000019968   |                              |                         |                  |
| (Document Number of Corporat   | ion (if known)               |                         |                  |
| Pursuant to the provisions of section 607.1006, Florida Statutamendment(s) to its Articles of Incorporation:   | tes, this <i>Florida Pro</i> | fit Corporation adop    | ts the following |
| A. If amending name, enter the new name of the corporatio  | n:                           |                         |                  |
| PROFESSIONAL HOME FURNIS   | SHINGS CORP.                 |                         | The new          |
| name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional association or the contain the word "chartered," "professional associations or the contain the word "corp."  | orp," "Inc," or "Co          | ". A professional co    | d" or the        |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | <u>N/A</u>                   | TA (S)                  | F<br>10:APR      |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | N/A                          | SSIE, FLORIDA           | FILED            |
| 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  |                              | enter the name of th    | <u>e</u>         |
| New Registered Office Address: (Flori  | ida street address)          | _ <del></del>           |                  |
| (City)   |                              | , Florida<br>(Zip Code) |                  |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family A Signature of New | iliar with and accept        |                         | position.        |

## 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>   | <u>Address</u>   | Type of Action                              |
|---|---|--|---|
| N/A   |   |  |   |
|   |   |  |   |
|   |   |  | _   |
|   |   |  |   |
| E. <u>If amen</u><br>(a <i>ttach a</i><br>N/A | ding or adding additional Article<br>dditional sheets, if necessary). (                             | s, enter change(s) here:<br>Be specific)                             |   |
|   |   |  |   |
|   |   |  |   |
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|   |   |  |   |
| provisi                                       | mendment provides for an excha-<br>ons for implementing the amend-<br>not applicable, indicate N/A) | nge, reclassification, or cancell<br>ment if not contained in the an | ation of issued shares,<br>nendment itself: |
| N/A   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

| The date of each amendmen     | t(s) adoption: <u>03/15/2010</u>  |
|-------------------------------|---|
| Effective date if applicable: | (date of adoption is required)  |
| •                             | (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 led for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes          | s 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_3/15                    | 5/2010  |
| 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) |
|                               | JOAQUIN BASSOLS   |
|                               | (Typed or printed name of person signing)   |
|                               | - fresident   |
|                               | (Title of person signing)   |