DIED33168

(Requestor's Name)	
(Address)	20
(Address)	20
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	02
(Document Number)	1
Certified Copies Certificates of Status	, λ
Special Instructions to Filing Officer:	John
Office Use Only	



0143354402

/12/09--01018--023 **3**5.**80

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PREMIUN	M WALLCOVERING SER	VICES INC.
DOCUMENT NUMBER: P0700002	3168	
The enclosed Articles of Amendment and fee	are submitted for filing.	*
Please return all correspondence concerning the	nis matter to the following:	
<u> </u>	folly L Campbell	
(Name	e of Contact Person)	
Premiur	m Wallcovering Services, Inc.	
(Firm/ Company)		
	5318 Park Street	
	(Address)	
	ksonville, Fl 32205 State and Zip Code)	
For further information concerning this matter	• ,	
Holly L Campbell (Name of Contact Person)	at (904) 994-464 (Area Code & Daytime	
Enclosed is a check for the following amount	•	•
✓ \$35 Filing Fee	\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

2019 FEB 10

			- An II		
PREMIUM WALLCO	VERING S	ERVICES, INC	SECRETADE		
PREMIUM WALLCO	tly filed with t	he Florida Dept. of	State AHASSEE, FLOR		
P0700	00023168		n		
(Document Number		on (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts following amendment(s) to its Articles of Incorporation:					
If amending name, enter the new name of the	he corporation	<u>:</u>			
ne new name must be distinguishable and ncorporated" or the abbreviation "Corp.," "I Co". A professional corporation name sociation," or the abbreviation "P.A."	Inc.," or Co.,	" or the designation	"Corp," "Inc," or		
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET AD</u>	able:	6318 PARK STREE	T		
		JACKSONVILLE,	FL 32205		
. Enter new mailing address, if applicable:					
· Dutel hen maning address, it applicable.		^^ / ^ D / D / O T D C C C	Τ		
(Mailing address MAY BE A POST OFFICE	E BOX)	6318 PARK STREE			
	<u>, , , , , , , , , , , , , , , , , , , </u>	JACKSONVILLE, FL			
(Mailing address <u>MAY BE A POST OFFICE</u>		JACKSONVILLE, FL	. 32205		
(Mailing address <u>MAY BE A POST OFFICE</u>	ristered office	JACKSONVILLE, FL	. 32205		
(Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or reg	ristered office	JACKSONVILLE, FL	. 32205		
(Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or registered agent and/or the new registered	ristered office ered office add	JACKSONVILLE, FL	. 32205		
(Mailing address MAY BE A POST OFFICE 1. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:	ristered office ered office add	JACKSONVILLE, FL address in Florida, ress:	. 32205		

Signature of New Registered Agent, if changing

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** <u>Name</u> <u>Address</u> **Type of Action** SEC **CLARK KNASH** 6345 PARK STREET ☐ Add JACKSONVILLE, FL 32205 Remove SEC **COREY SANCHEZ** 📠 🖾 Add 6318 PARK STREET Remove JACKSONVILLE, FL 32205 ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) (cont. on attached sheet) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

Article VIII being Amended:

Officers: the names and addresses of the Officers are:

PRESIDENT

Holly Campbell 6318 Park St Jacksonville, FL 32205

VICE PRESIDENT

Ramon A. Valenzuela 6318 Park St Jacksonville, FL 32205

SECRETARY

Corey Sanchez 6318 Park St Jackson ville, FL 32205

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ı, Clark Knash	, hereby resign as Secretary
of Premium Wall Cove	(Title)
(Document Number, if known)	rporation organized under the laws of the State of , Clark Knash, hereby forfeit my
120 shares of stock in abov	e named Corporation.
	L Mash e of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314