# 00025065

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### COVER LETTER

	<u>COVER LETTER</u>	Section of the sectio
TO: Amendment Section • Division of Corporations	ي دا پايريزي پوهونده مصدود د د د د د د	The second section of the second seco
NAME OF CORPORATION: Ce	ntral Florida Kitchen & Bath	Surfaces Inc.
DOCUMENT NUMBER: P070	000025065	
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
	DECNIS O. VILLEDA	
	(Name of Contact Person)	
Central Florid	a Kitchen & Bath Surfa	ces Inc.
	(Firm/Company)	
8314	SE 58th AVE Unit #3	
	(Address)	
	Ocala, Fl. 34480	
	(City/ State and Zip Code)	
	ervilleda2003@yahoo.co	
For further information concerning this	•	,
MILO' CARBAJAI		7-2333
(Name of Contact Perso		rtime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Florida Department of	State:
■ \$35 Filing Fee □\$43.7 Certificate of S	Status Certified Copy Certificate of S (Additional copy is Certified enclosed) (Additional Copy is	60 Filing Fee Status fied Copy osed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



January 9, 2012

DECNIS O. VILLEDA CENTRAL FFLORIDA KITCHEN & BATH SURFACES 8314 SE 58TH AVENUE, UNIT #3 OCALA, FL 34480

SUBJECT: CENTRAL FLORIDA KITCHEN & BATH SURFACES INC.

Ref. Number: P07000025065

We have received your document for CENTRAL FLORIDA KITCHEN & BATH SURFACES INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 912A00000508

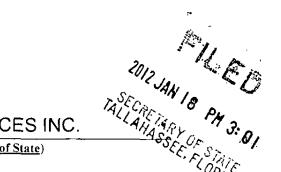
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CENTRAL FLO ER: P0700002506		ATH SURFACES INC.		
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	atter to the following:			
	DECNIS O. VILLEDA				
-	Name of Contact Person				
	CENTRAL FLORIDA KITCHEN & BATH SURFACES INC				
-	Firm/ Company				
	8314 SE 58TH AVE				
-		Address			
	(	DCALA FL. 3448	30		
-		City/ State and Zip Code			
	omarville	eda2003@yahoo	.com		
		sed for future annual report			
	concerning this matter, please	se call: at (352	, 307-2333		
Name o	f Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional C	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)		
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

# Articles of Amendment Articles of Incorporation



# CENTRAL FLORIDA KITCHEN & BATH SURFACES INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

# P07000025065

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

N/A	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co" or the designation "Corp," word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the "Inc," or "Co". A professional corporation name mubreviation "P.A."
3. Enter new principal office address, if applicable:	9740 SE 58TH AVE
Principal office address <u>MUST BE A STREET ADDR</u>	BELLEVIEW FL. 34420
. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
	office address in Florida, enter the name of the
. If amending the registered agent and/or registered new registered agent and/or the new registered of	office address in Florida, enter the name of the
DECNIS	office address in Florida, enter the name of the ice address:
DECNIS	office address in Florida, enter the name of the ice address:  O. VILLEDA  58TH AVE  (Florida street address)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of New Registered Agent DECNIS	office address in Florida, enter the name of the ice address:  O. VILLEDA  58TH AVE  (Florida street address)

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove		N/A	 	
2) Change Add Remove		N/A		
3 ) Change Add Remove		N/A		
4) Change Add Remove		<u>N/A</u>		
5) Change Add Remove		<u>N/A</u>		
6) Change Add Remove		N/A	 	

E. If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)	<u> </u>				
N/A			-			
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F. If an amendment provides for an excha provisions for implementing the amen (if not applicable, indicate N/A)	inge, reclassific dment if not co	ation, or can ntained in th	cellation of i	ssued shar nt itself:	<u>es.</u>	
-	<del></del>					
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	<del></del>				<del></del>	

τhe date of each amendment(s) a	doption: 1/02/2012
Effective date <u>if applicable</u> : 1/0	02/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> 01/13/	2012
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
	DECNIS. O. VILLEDA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)