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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: 111e	More	 :
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
James Haar (Name of C	Contact Person)	
Harris Tile + (Firm/	More Company)	
7312 Stable Ru	idress)	
Tallahassee , FL (City/ State	32310 and Zip Code)	
For further information concerning this matter, ple	ease call:	
James Harris Jr (Name of Contact Person)	at (<u>850</u>) <u>322 –545</u> (Area Code & Daytime Telephone Nu:	mber)
Enclosed is a check for the following amount mad	e payable to the Florida Department of S	tate:
\$43.75 Filing Fee & Certificate of Status	Certified Copy Certified (Additional copy is Certified enclosed) (Additional Copy is Certified enclosed)	Filing Fee cate of Status ed Copy onal Copy losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED
09 MAY - 4 PM 12: 24 SECRETARY OF STATE
ALLAHASSE OF STATE

OI .	TALLALTARY
Harris Tile + More,	TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Florid	a Dept. of State)
PO70000 35715	
(Document Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F following amendment(s) to its Articles of Incorporation:	Clorida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation:	
α	designation "Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tallohassu, FC
_37.	304
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 345	E Tenneessee
Fah	Tallahasseeffl
323	304
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	n Florida, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: (Florida street a	address)
	. Florida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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
			D Domovo
			□ n
			Add Remove
	ing or adding additional Articl ditional sheets, if necessary). (
	· .		
provisio	nendment provides for an exchange in the amend of applicable, indicate N/A)	inge, reclassification, or cancellate iment if not contained in the ame	tion of issued shares, ndment itself:
•			

The date of each amendment(s) adoption:
Effective date if applicable:
(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" (voting group)
(voting group)
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 5/4/09
Signature A Signat
appointed fiduciary by that fiduciary)
Tames Harris Jr (Typed or printed name of person signing)
Oresident (Title of person signing)