P0700062020

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
(City/State/Zip/Phone #) PICK-UP	(Re	questor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ad	dress)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Ad	dress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		, 	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Cit	y/State/Zip/Phone	e #)
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	PICK-UP	WAIT .	MAIL
Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Bu	siness Entity Nan	ne)
Special Instructions to Filing Officer:	(Do	cument Number)	
	Certified Copies	_ Certificates	of Status
,	Special Instructions to	Filing Officer:	
			,
Office Use Only			



600139358406

12/31/08--01065--025 **35.00

DB DEC 31 PM 12: 3

On Ken

COVER LETTER

. TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DLB	FLOORING SOURCE INC.
DOCUMENT NUMBER: P0700	0062020
The enclosed Articles of Amendment	nd fee are submitted for filing.
Please return all correspondence conce	ming this matter to the following:
	Daniel Batterbee (Name of Contact Person)
	DLB FLOORING SOURCE INC
	(Firm/ Company)
·	3118 Corrine Dr.
	(Address)
<u> </u>	Orlando, FL 32803
	(City/ State and Zip Code)
For further information concerning this	matter, please call:
Daniel Batterbes	at (407) 206-3131 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fe Certificate of St	c & \$\int_{\$43.75}\$ Filing Fee & \$\int_{\$52.50}\$ Filing Fee & Certificate of Statu (Additional copy is enclosed) 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 Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DLB FLOORING SOUR	RCE INC .	5	
(Name of Corporation as currently filed with t	he Florida Dept. of State)	
P07000062020		~ _	
(Document Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Florida Status following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation		orporation ados	ots the
A. It amending hance enter the new name of the corporation	<u>.</u>		
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Co	orp," "Inc," or	
B. Enter new principal office address, if applicable:	3118 Corrine Dr		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803		- 0.
			0 8(
		HA.	E -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3118 Corrine Dr,	SSE	32 =
	Orlando, FL 32803	L. C.	PH I
		ORIE ORIE	72: 3
		≥111	0
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter Iress:	the name of th	<u>s</u>
Name of New Registered Agent:			
3118 Corring Dr	•		
New Registered Office Address: (Flori	da street address)		
Orlando		Florida 32803	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	sent: familiar with and accept	the obligations	of the
Signature of New	Registered Agent, if chang	ging	
•			

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>	Name	Address_	Type of Action
<u>VP</u>	ERIN BATTERBEE	16938 Deer Oak Ln Orlando, EL 32828	Add Remove
			Add Remove
E. If amen	ading or adding additional Article additional sheets, if necessary). (1	s, enter change(s) here: Be specific)	08 0E SECILE TALLA
			C31 PM
			H 12: 30 - STATE FLORIDA
provis	mendment provides for an exchargions for implementing the amendrate and applicable, indicate N/A)	nge, reclassification, or cancellation ment if not contained in the amendr	of issued shares, nent itself:
70			

The date of each amendmen	t(s) adoption: 01-01-09
Effective date if applicable:	01-01-09
<u> </u>	(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) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented 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	11
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated 12-29	9-08
sele	va 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)
	Daniel Batterbee
	(Typed or printed name of person signing)
	President
	(Title of person signing)