P08000029457

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FEB 1 5 2017 C. MCNAIR

COVER LETTER

135 Cabinetry Inc. NAME OF CORPORATION: PO 8000029457 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David B Streize
Name of Contact Person S Cobinetry Inc.
Firm/ Company 19013 Mian; Blod For Myers F1 33967
City/ State and Zip Code SCGbinety Inc. @ 9.Mg; /. Com address: (to be used for future annual report notification) For further information concerning this matter, please call: David B Strever Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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 Incorporatio	n	£ 200
TRC	Chlind - 1	-10	11 (E8)
UDJ.	CHOINETCH	LNC	
\		h the Florida Dept. of State)	کن سر
	0029457		
(Docu	ment Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the fo	llowing amendmen
A. If amending name, enter the new name of the c	corporation:		
DBS Corpent	1 Tax		The new
name must be distinguishable and conlain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	ord "corporation," "comp p," "Inc," or "Co". A p	pany," or "incorporated" or rofessional corporation name	the abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	······································	
		··	
	•		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of the	
Name of New Registered Agent			<u></u>
	(Florida street address)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		cept the obligations of the pos	ition.
and a second a second and a second a second and a second a second and a second and a second and		i man nome of ma hou	
Sig	nature of New Registered .	Agent, if changing	

address of each Officer (Attach additional sheets Please note the officer/dP = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be noted a change, Mike Jones le Mike Jones, V as Remove	and/or D s, if necess lirector tite Presiden = Chief t er, Directe d in the fo aves the c	Director being added; sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= Director; T Financial Officer. If an officer/director holds n or would be PTD. llowing manner. Currently John Doe is listed a corporation, Sally Smith is named the V and S. T	Ficer/director being removed and title, name, and TR = Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office is the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
Example: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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			
2) Change			· -
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	

__ Add

___ Remove

Attach attanom	al sheets, if necessary)). (Be specific)				
	<u>.</u>	 				
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	· · · · · · · · · · · · · · · · · · ·					
provisions for	nt provides for an ex implementing the an licable, indicate NA)	<u>nendment if not c</u>	cation, or cancella ontained in the an	ntion of issued sh nendment itself:	ares,	
					 	
					•	
						
	·					

The date of each amendment(s) adoption:	, if other than the
Effective date if annicable	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 2/8/17	
Signature Sull States	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Dovid B. Strever	
(Typed or printed name of person signing)	
President	
(Title of person signing)	