P09 0000 38480

(Re	equestor's Name)	
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R. WHITE
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COVER LETTER

TO: Amendment Section

Division of Corporations

	~ '
NAME OF CORPORATION: CLISTOM CO	abinets by David Bolton Inc.
DOCUMENT NUMBER: P090000	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
David 1	Bolton
	Name of Contact Person
Custom Cabine	He by David Bolton Inc.
_ 3220 NE. 5	LA AVE
0	Address
_ High Springs	S H 32643 City/ State and Zip Code
	,
<u>Ved Fish 9.3</u> E-mail address: (to be us	10 yaha , Com sed for future annual report notification)
For further information concerning this matter, pleas	se call:
	_
David Bolton	at 352 665 - 3837
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Custom Cabinets by Davic	d Bolton Tori	
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P09,000,38480		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:		ment(s) to
A. If amending name, enter the new name of the corporation:		
	The n	ew
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wo	" ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		-
Name of New Registered Agent		
(Florida su	treet address)	
New Registered Office 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	it: with and accept the obligations of the position.	
Signature of New R	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.	

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)

Example:

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; CE() = Chief Executive Officer; CF() = 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	V <u>Mik</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	Patricia Bolton	3220 N.5.51st Ave High Springs,71 32643
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6) Change			
Add			
Remove			······································

	(necessary).	(Be specific)	ge(s) here:			
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The date of each amendate this document was significant.	
Effective date if applicat	le:
Note: If the date inserted document's effective date	in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendment	(s) (<u>CHECK ONE</u>)
The amendment(s) was action was not required	were adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was by the shareholders wa	were adopted by the shareholders. The number of votes cast for the amendment(s)
	swere sufficient for approval.
must be separately pro	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of v	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s): otes cast for the amendment(s) was/were sufficient for approval
"The number of v	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s):
"The number of v	were approved by the shareholders through voting groups. The following statement wided for each voting group entitled to vote separately on the amendment(s): Outes cast for the amendment(s) was/were sufficient for approval (voting group) (voting group) (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
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