# P09000058736

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NC

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	vall, Inc			
DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
William Kim Name of C	obk Contact Person			
Inex Cleaning Services Firm/ Company				
4522 Bluff Avenue Address				
Jacksonville FL 32225 City/ State and Zip Code				
E-mail address: (to be used for future annual report nonffication)				
For further information concerning this matter, please of	call:			
William Kimble at Name of Contact Person	( 904 ) 642 2667  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pay	able to the Florida Department of State:			
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amendment Section An Division of Corporations Di P.O. Box 6327	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circle			

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2009

WILLIAM KIMBLE INEX CLEANING SERVICES, INC. 4522 BLUFF AVE JACKSONVILLE, FL 32225

SUBJECT: INEX DRYWALL, INC. Ref. Number: P09000058736

We have received your document for INEX DRYWALL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 309A00035531

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### **Articles of Amendment** to

	Articles of Incorporation	on 200	11 1
	of	VIII OF C	
Inex Dry	will Tax	74.500 X	4
(Name of Corporation as curi		la Dept. of State)	YOF STATE ORIFIE
2003		~ 55k	E STA 43
<u> </u>	<u> 51736</u> mber of Corporation (if kno	)	PLORIE
(Document Nu	moer of Corporation (if kind	owii)	10 <sub>2</sub>
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:		Clorida Profit Corporation ado	ots the following
A. If amending name, enter the new name of	of the corporation:		
Tack Cleaning Sources	· Tax		The now
Thex Cleaning Services name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro-	e designation "Corp," "Inc	c," or "Co". A professional c	d" or the orporation
B. Enter new principal office address, if app	nlicable:		
(Principal office address MUST BE A STREI		····	_
	<del>-                                      </del>		
			-
C. Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFF)</u>	<u>'CE BOX</u> )	•	=
			<del>-</del> -
<b>-</b>			
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of the	<u>he</u>
new registered agent and/or the new regi	istered office address;		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	address)	
	(* ************************************	, aa, ees,	
		, Florida*	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ing Registered Agent:		
I hereby accept the appointment as registered a	agent. I am familiar with a	and accept the obligations of the	position.
	Signature of New Registere	d Agant if abancine	
Α.	ngnature of trew Registere	a Agent, ij changing	

## 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> <u>Address</u> Type of Action ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adopt	tion:///6/09
	(date of adoption is required)
Effective date if applicable: (no mor	re than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte by the shareholders was/were sufficient	ed by the shareholders. The number of votes cast for the amendment(s) ient for approval.
	ved by the shareholders through voting groups. The following statement by voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval
by(voting g	group)
action was not required.	ed by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder
selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)