Jul 24 18, 04:38p 7/24/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000213368 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone

: (305)803-2736

Fax Number

: (305)646-1527

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
-------	----------	--

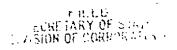
COR AMND/RESTATE/CORRECT OR O/D RESIGN THE BEST CARPENTRY, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help



Articles of Amendment to Articles of Incorporation οſ

2819 JUL @4 PH 46 94

	•
	HE BEST CARPENTRY, CORP.
(Name of Corporat	tion as currently filed with the Florida Dept. of State)
	P09000062533
(Досш	ment Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florid as Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new name of the co	orporation:
BEST	FLOORING CENTER, CORP.
tame must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbreviation)." "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>	C: DRESS)
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO)X;
If amending the registered agent and/or register new registered agent and/or the new registered	office address in Florida, enter the name of the
M. CM. D. L.	Office addition.
	(Florida stree! address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
ew Registered Agent's Signature, if changing Regi tereby accept the appointment as registered agent. I	istered Agent: I um familiar with and accept the obligations of the position.
Signa	tture 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)

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; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first lutter 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.

Example:

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addre</u> s
1) Change			
Add			
Remove			
2) Change			
A3d			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Ramove			
5) Change		·	
Add			
Remove			
0 6			
5) Change			
Add			
Remove			

	ing addițional Art eets, if necessary).	(Be specific)				
					·	
- 						
						
						
			·			
_ _						
						-
					·	
						
_,						
					·	
				···········		
			·			 -
		·		-		
						-
an amendment pro	vides for an exch	ange, reclassific	cation, or can	ellation of issu	ed shares,	
invisions for suffic	menting the amer	toment if not eq	intained in the	amendment i	<u>tself:</u>	
(if not applicable						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						
(if not applicabl						

	07/24/2018	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will repeatment of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(valing group)	
☐ The amendment(s) was were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
LI The amendment(s) was/were a action was not required.	edopted by the incorporators without shareholder action and shareholder	
	‡TH, 2018	
DatedSignature	Button	
selec	director, president or other officer - if directors or officers have not been sted, by/an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MARIO GUILLEN	
	(Typed or printed name of person signing)	
	DIRECTOR & PRESIDENT	
	(Title of person signing)	