P09000066537

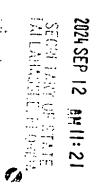
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COVER LETTER

TO: Amendment Section Division of Corporations

, ,

NAME OF CORPO	ORATION: CAPE CABINET	DEPOT INC.	
DOCUMENT NUM	P09000066537		
The enclosed Article	es of Amendment and fee are su	abmitted for filing.	
Please return all corr	respondence concerning this ma	atter to the following:	
	BOCHETTI, MATTHEW J		
	-	Name of Contact Person	
	CAPE CABINET DEPOT IN	NC.	
	**************************************	Firm/ Company	
	3539 HILEY DRIVE		
		Address	
	SEVIERVILLE, TN 37862		
		City/ State and Zip Code	
	mattbochetti@outlook.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:at (850-3333
Name of Contact Person		at (Area Coc	_) le & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Taliahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CAPE CABINET DEPOT INC.			
(<u>Name</u>	of Corporation as currer	atly filed with the Florid:	a Dept. of State)
P09000066537			
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corporat	rated" or the abbreviation "Corp.,"
R Enter new principal affice address	if applicable:	3539 Hiley Drive	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		SEVIERVILLE, TN 37862	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3539 Hiley Drive	
		SEVIERVILLE, TN 37862	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter th	ne name of the
new registered agent and/or the new			
Name of New Registered Agent	BOCHETTI, MATTHE	W J (Same)	202
	3413 Dandolo Cir.		18 28
	(Florida :	street address)	
New Registered Office Address:	Cape Coral		33909. N
Hen Registeren Office Address.	-	(City)	Florida Com O
New Registered Agent's Signature, if c	hanaina Registered Ages	nt•	元帝 2
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the oblig	gutions of the position.
		n	
	Signature of New	Registered Agent, if chang	ging

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)

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 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.

Example:	ידינו	1 1		
X Change	<u>PT</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	JENNIFER, BOCHETT	TI 2469 Blackburn Circle	
Add			CAPE CORAL, FL 33991	
X Remove				
2) Change				
Add				
Remove Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		·		
Add				
Remove			· 	

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
<u>.</u>		
		-
		
		<u>.</u>
		
		
E. If an amondment provides for an each	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
· · · · · · · · · · · · · · · · · · ·		
100 total shares		
<u> </u>	Matthew Bochetti	
<u> </u>	Matthew Bochetti	
100 total shares Jennifer Bochetti 45 shares will now go to M Matthew Bochetti - 90 shares (90%)	Matthew Bochetti	
Jennifer Bochetti 45 shares will now go to M	Matthew Bochetti	

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The date of each amendment(s) adoption;	, if other than the
date this document was signed.	mmediately	
Effective date <u>if applicable</u> :	mmediatery	
	(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 rec Department of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the an	e following statement mendment(s):
"The number of votes e	ast for the amendment(s) was/were sufficient for approva	!
by		
	(voting group)	·
8/05/20	24	
Dated		
Signature	May Balt	
sele	a director, president or other officer – if directors or office eted, by an incorporator – if in the hands of a receiver, tru pinted fiduciary by that fiduciary)	ers have not been istee, or other court
	Matthew J. Bochetti	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	·

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