## P09000078898

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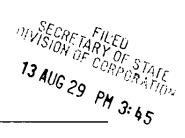
T. BROWN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: B2B FLOOP	RING AND MOF	RE INC
DOCUMENT NUMBER: P09000078898		
The enclosed Articles of Amendment and fee are sub-		
Please return all correspondence concerning this matter	er to the following:	
MARTINA MOEN	CKERT	
	Name of Contact Person	1
B2B FLOORING A		
	Firm/ Company	
a <sup>k</sup> <del>2502-STRATTON</del>	POP6 DA	SAPA Valley Ct.
	Address	
JACKSONVILLE,	FL 32221	
	City/ State and Zip Code	
MMOENCKERT@YA		
E-mail address: (to be use	d for future annual report	notification)
For further information concerning this matter, please	call:	
MARTINA MOENCKERT	nt (904	759-1765
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	ortment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## **B2B FLOORING AND MORE INC**

			<del>•</del> 5
(Name of Corporation as currentl	y filed with the Florida	Dept. of State)	v
P09000078898			<u></u>
(Document Number	r of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Florida</i>	a Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co"		or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<b>ROX</b> )		
			<del> </del>
	-		<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new register		Florida, enter the name of the	•
	ed office address.		
Name of New Registered Agent			
	(Florida street addi	(ACC)	
V 2 1 100 111	(1 to ma sir cor dua)	,	
New Registered Office Address:	(City)	, Florida(Zip	Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		d accept the obligations of the r	position.
	J	-F	
Signature of	f New Registered Agent, i	f 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 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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BRUCE VELLECA	2502 STRATTON RD.
Add			JACKSONVILLE, FL 32221
X Remove			
2) Change	Т	THOMAS WIEDA	920 CHAROLAIS RD.
Add			JACKSONVILLE, FL 32221
X Remove			
3 ) Change	Т	DANIEL VELLECA	2909 NAPA VALLEY CT.
X			JACKSONVILLE, FL 32221
Remove			
4) Change			
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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······································	
•	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
ı	

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	07/25/2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following statement and 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/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	7/28/13	
Signature	Not Would to	_
	y a director, president or other officer - if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Martina Moenckert (Typed or printed name of person signing)	
,	Secretary	
	(Title of person signing)	