

03/25/2010 12:58 4075829832

AIT PLUS CONSULTING

PAGE 02

Division of Corporations

Page 1 of 2

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.

(((H1000066998 3)))



H10000669983A808

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 : AIT PLUS CONSULTING
Account Number : 120080000061
Phone : (407) 582-9830
Fax Number : (407) 582-9832

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
BEST DESIGNER GRANITE & MARBLE, INC

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

APPROVAL
AND
FILED

10 FEB 26 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 MAR 26 AM 8:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BEST DESIGNER GRANITE & MARBLE, INC

DOCUMENT NUMBER: P10000005164

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTH ALBARRAN KAWAN

(Name of Contact Person)

BEST DESIGNER GRANITE & MARBLE, INC

(Firm/ Company)

12520 BELROSE AVE

(Address)

ORLANDO, FL 32837

(City/ State and Zip Code)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTH ALBARRAN KAWAN

(Name of Contact Person)

at (321) 287-2209

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
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

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

03/26/2010 07:00

850-245-6804

DEPT. OF STATE

PAGE 02/06

03/25/2010 19:58
850-817-8381

4075829832

AIT PLUS CONSULTING
3/25/2010 12:25:46 PM PAGE 1/001 Fax Server

PAGE 01



March 25, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BEST DESIGNER GRANITE & MARBLE, INC
230 SIERRA CIR
DAVENPORT, FL 33844

SUBJECT: BEST DESIGNER GRANITE & MARBLE, INC
REF: P10000005164

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

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) 245-6937.

Tracy I. Lemieux
Regulatory Specialist II

FAX Aud. #: H10000066998
Letter Number: 410A00007375

RECEIVED
2010 MAR 26 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

03/25/2010 19:58 4075829832

AIT PLUS CONSULTING

PAGES 04

10 FEB 20 10 AM 10:33
 AND FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Articles of Amendment
 to
 Articles of Incorporation
 of

BEST DESIGNER GRANITE & MARBLE, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000005164

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Robert Albarran Kawan	12520 BELROSE AVE ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100


The date of each amendment(s) adoption: 03/24/2010
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 03/24/2010

Signature 
(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARIA PINHEIRO
(Typed or printed name of person signing)

BOOKKEEPING
(Title of person signing)