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(Requestor's Name)
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(Only/Oldto/Zip/) Holle #/
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Paramarant Nama)
(Document Number)
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Anen C.COULLIETTE

JUL 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF C	CORPORATION: UNITED INSTA	ALLERS OF MILLWORK, IN	C
DOCUMENT	г нимвек: Р10000020630		
The enclosed	Articles of Amendment and fee are sub-	mitted for filing.	
Please return	all correspondence concerning this matt	er to the following:	
	CHRISTOF	PHER BRACKEN	
	(Name of	Contact Person)	
	UNITED INSTALLE	RS OF MILLWORK, INC.	
	(Firm	/ Company)	
-	4007 MERRICK	ROAD, SUITE #203	
	()	Address)	
	SEAFOR	RD, NY 11783	-
in the second se	c.bracken@u	e and Zip Code) Initedmillwork.com I for future annual report notification)	
For further in	formation concerning this matter, please	call:	-
Christophe	r Bracken	at (516) 306-2712	
	(Name of Contact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a	check for the following amount made pa	ayable to the Florida Department of Stat	e:
☑ \$35 Filing	Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy Cer (Additional copy is Cer enclosed) (Ad	552.50 Filing Fee tificate of Status tified Copy ditional Copy 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	

Articles of Amendment to Articles of Incorporation of



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

P10000020630

(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:

	N/A		•
he new name must be distinguishable and conbbreviation "Corp." or " Inc." <u>"Company" or</u>			
B. Enter new principal office address, if appli	cable:	4007 MERRIC	K ROAD
Principal office address <u>MUST BE A STREET</u>	'ADDRESS')	SUITE #203	
	•	SEAFORD, NY	′ 11783
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	' <u>E BOX</u>)	4007 MERRICH	(ROAD
	· ·	SUITE #203	•
•		SEAFORD, NY	11783
D. If amending the registered agent and/or re new registered agent and/or the new regist	ered office add		, enter the name of the
	2 70414	E-DIVIONE,	
Name of New Registered Agent:		N HIGHWAY #	74-4
New Registered Office Address:		N HIGHWAY, #* da street address)	71-4 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	(Flori		·
	(Flori	da street address)	, Florida 33626 (Zip Code)
	(Flori	da street address) TAMPA (City) gent:	Florida 33626 (Zip Code)

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>	Address	Type of Action
Pres	ANNEMARIE BRACKEN	7853 GUNN HIGHWAY, #17 TAMPA. FL 33626	1 □ Add □ Remove
Pres	CHRISTOPHER BRACKE		
<u>F165</u>	OTTAIN DISTORE	44 CONCORD AVENUE BETHPAGE, NY 11714	☑ Add □ Remove
<u>VP</u>	JOSEPH DELLACAVE	10 SECOND STREET BROOKLYN, NY 11231	
(attach a	ding or adding additional Articles, additional sheets, if necessary). (Be	specific)	AR VALUE
JOSEPH	DELLACAVE, 50% OWNERSH	IIP 250 SHARES NO PAR V	ALUE
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The date of ea	ch amendment(s) a			.		<u> </u>
Effective date	if applicable: 5/3	1/10	late of adoption	on is requ	ired)	· ·
•	, ,	(no more tha	ın 90 days aftı	er amendi	nent file date)	
	•	•	•	ι,		
Adoption of A	mendment(s)	(CHECK	(ONE)		1	
	ment(s) was/were ad ifficient for approval		nbers and the	number o	f votes cast for t	he amendment(s)
<u> </u>	4					· · · · · ·
	no members or memb the board of director		te on the ame	ndment(s). The amendme	ent(s) was/were
		*				,
	Dated 5/31/10	<u></u>	<u> </u>	:	· .	
	Signature	Mistoph	er fla	uher	- Res	Sal
	(By the chave not		y an incorpor	ator – if	in the hands of	er officer-if direct a receiver, trustee
		СН	RISTOPHE	R BRAC	KEN	
		(Typed o	or printed nam	ne of perso	on signing)	
÷.			PRESI	DENT	: ;	
		(T	itle of person	signing)		•

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Page 3 of 3