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JUL 25 2014 C. CARROTHERS

COVER LETTER

TO:	Amendment Section		
	Division of Corporations		

NAME OF CORPORATION: PREM	IUM SURFACES INSTALLATION INC
DOCUMENT NUMBER: P100000	
The enclosed Articles of Amendment and fe	
Please return all correspondence concerning	this matter to the following:
DIRCEU HE	NZ
PREMIUM S	Name of Contact Person SURFACES INSTALLATION INC
5830 MEMC	Firm/ Company ORIAL HWY APT 120
TAMPA FL 3	Address 33615 City/ State and Zip Code
	M@GMAIL.COM (to be used for future annual report notification)
For further information concerning this mat	ter, please call:
DIRCEU HENZ	at (727) 520 - 2792
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Ţ.
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

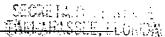
Articles of Amendment Articles of Incorporation

PREMIUM SURFACES INSTALLATION INC

14 JUL 14 AM 10: 41

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

P10000023535



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(Document Number	of Corporation (if kno	own)	and a control of a control of the grant of the control of the cont	word day.
ursuant to the provisions of section 607.1006, Floris Articles of Incorporation:	ida Statutes, this <i>Flor</i>	ida Profit Corporation ad	opts the following	g amendment(
. If amending name, enter the new name of the	corporation:			
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co. ord "chartered," "professional association," or th	rp," "Inc," or "Co".	. A professional corporat	rated" or the ab tion name must c	The new obreviation contain the
Enter new principal office address, if applicat				
rincipal office address <u>MUST BE A STREET AI</u>	<u>ODRESS</u>)			
	_			
	-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	PAVI			
(maning duaress MAT BE ATOST OFFICE B				
	_			
	_			
If amending the registered agent and/or regist		in Florida, enter the nam	e of the	
new registered agent and/or the new registere	d office address:			
Name of New Registered Agent	······································			
	(Florida street ac	ddress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
ew Registered Agent's Signature, if changing R				
nereby accept the appointment as registered agent.	. I am familiar with a	and accept the obligations	of the position.	
Signature of i	New Registered Agen	t, 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 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LUCIANA HORNES	20121 Weeping Laurel Pl
Add			TAMPA FL
Remove			33647
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	
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:
,	

The date of each amendment(s) adoption: 07/09/2014	, if other than the
date this document was signed.	
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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07/09/2014 Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
DIRCEU HENZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	_