## P10000040775

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nar	me)
(C	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		İ

Office-Use Only



500183486025

07/27/10--01012--003 \*\*35.00



SECRETARY OF STATE

STED STATES



#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  SANDIA RUBIA  Name of Contact Person  Flooring Dutlet Superstore Inc.  Firm/Company FEI/EIN# 27-2564648	NAME OF CORPORATION: Flooring Dw	let Superstore, Inc.
Please return all correspondence concerning this matter to the following:  SAND RUBIN  Name of Contact Person  Flooring Dutlet Superstore Inc.  Firm/Company FEI/EIN# 27-2564648	DOCUMENT NUMBER:	······································
Name of Contact Person  Flooring Dutlet Superstore, Inc. Firm/Company FEI/EIN# 27-2564648	The enclosed Articles of Amendment and fee are submitted	for filing.
Flooring Dutlet Superstore Inc. Firm/Company FEI/EIN# 27-2564648	Please return all correspondence concerning this matter to t	he following:
	Sandi Rub Name of Contac	t Person
	Flooring Dutlet S	Superstore Inc. and FEI/EIN# 27-2564648
1450 N. Courtenay Parkway, Suite 30 Address	1450 N. Courtenay Address	Parkway; Suite 30
Merritt Island, F1, 32953 City/ State and Zip Code	Merritt Island, Fl. City/State and 2	32953 ip Code
E-mail address: (to be used for future annual report notification)	E-mail address: (to be used for future and	ual report notification)
For further information concerning this matter, please call:	For further information concerning this matter, please call:	
Name of Contact Person at (321) 455-2201  Area Code & Daytime Telephone Number		21 ) 455-2201 rea Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:	Enclosed is a check for the following amount made payable	to the Florida Department of State:
Striling Fee Status Sta	Certificate of Status Certif	ied Copy Certificate of Status
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	Amendment Section Amend Division of Corporations Division P.O. Box 6327 Clifton	ment Section n of Corporations Building

Tallahassee, FL 32301

#### **Articles of Amendment** to

# Articles of Incorporation of

owing

(Maine of Corporation as currently men with	the Florida Dept. of State)
P1000004075	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1450 N. Courtenay Pkwy, Suite 30
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 30
	Mcreit Island, Fl. 32953
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS ABOVE
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: 1450-N.	Courtency Pkmy, Snite 30 ida street address)
Merritt. (City)	Island, Florida 32953 (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am familiary	
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>	Type of Action
			☐ Remove
			□ Add
			□ Remove
			<del></del>
<del></del>			☐ Remove
*			
£.*		· •	,
E. <u>If amendi</u>	ing or adding additional Articles ditional sheets, if necessary). (B	, enter change(s) here:	
(anacn aac	autonat sneets, if necessary). (B	e specific)	
-			
· · -			
	· · · · · · · · · · · · · · · · · · ·		
F. <u>Ifan am</u>	endment provides for an exchan	ge, reclassification, or cancella	ation of issued shares,
provision (if no	ns for implementing the amendment applicable, indicate N/A)	ent if not contained in the am	endment itself:
(1) 110	t applicable, malcule WA)		, ,
		<u> </u>	
			<u> </u>
<u>·</u>			
		<u> </u>	

The date of each amendment(s) adoption:				
Effective date <u>if applicable</u> :	(date of adoption is required)  — 8-1- 2Δ1Δ			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
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/we must be separately provide	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	7-22-2010			
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
• •	(Typed or printed name of person signing)			
	(Title of person signing)			