## P1000001902

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: C & D (	CANVAS INC	· ·
DOCUMENT NUMBER: P100000	67902	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	D. R. FICHARDSON	
Na	ame of Contact Person	
<del></del>	Firm/ Company	<u></u>
6635 FAR	RAGUT DRINE	
	Address	· ·
Houvwood	, FL 33024	
Cit	ry/ State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, p	blease call:	
TAVID RICHARDSON  Name of Contact Person	at ( 954 ) 540 - 476 Area Code & Daytime Telepho	ne Number
Enclosed is a check for the following amount ma		
\$35 Filing Fee \$\ Certificate of Status	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	•

## Articles of Amendment to Articles of Incorporation of

CED CANVAS INC		·	
(Name of Corporation as curre	ently filed with the Florid	a Dept. of State)	
P10000067902			
(Document Nun	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation a	dopts the followin
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain			The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "problem B. Enter new principal office address, if app (Principal office address MUST BE A STREE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)  D. If amending the registered agent and/or mew registered agent and/or the new registered agent and/or the new registered agent."	ofessional association," or oblicable:  TADDRESS  CEBOX  cegistered office address in	the abbreviation "P.A."	DIVISION OF CO.
Name of New Registered Agent:		<del></del>	· 55
New Registered Office Address:	(Florida street a	address)	
		, Florida (Zip Code)	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as		nd accept the obligations of	the position.
9	Signature of New Registered	d 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>	Address	Type of Action
<u></u>	PUERTA, MARTA	6635 FARRAGUT DRING HOLLYWOOD, FL 33024	☐ Add Remove
			☐ Add ☐ Remove
<del></del>	<del></del>		☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be speci		
<u>provision</u>	endment provides for an exchange, rec s for implementing the amendment if applicable, indicate N/A)		

The date of each amendment(s) adoptio	n: (17)1
,	(date of adoption is required)
The state of the s	than 90 days after amendment file date)
(	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statemen 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	oup)
(voting gro	oup)
The amendment(s) was/were adopted laction was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated 6/17/1	
Signature	it terhanden.
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court
	ciary by that fiduciary)
Do	UN R RICHAROSUM
<u>_                                    </u>	(Typed or printed name of person signing)
Pre	ESIDENT
	itle of person signing)