P1100009703

(Red	questor's Name)	-
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(City	/State/Zip/Phone	e #)
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2018 JUN -4 AM 10: 46
SECRETARY OF STATE

C. GOLDEN

JUN - 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Allen	Custom Cab	inetry + Furniture Inc
DOCUMENT NUMBER:			
The enclosed Articles of Amenda	nent and fee are sub	omitted for filing.	
Please return all correspondence	concerning this mat	ter to the following:	
	Derek t	Herendeen Name of Contact Person	<u> </u>
Allen	Custom C	abinety & Fu	rniture Inc
758 V	u 13th Sh	reet, Unit 1	
Fana	ma City	FL 30401 City/ State and Zip Code	
<u>allenc</u> E-ma	ustomcabi il address: (to be use	netry Q gma ed for future annual report	notification)
For further information concernir	ng this matter, please	e call:	
Derek Hexer Name of Contact	<u>deen</u> Person		de & Daytime Telephone Number
Enclosed is a check for the follow	ving amount made p	ayable to the Florida Depa	artment of State:
Cer Carl Or#2015	1.75 Filing Fee & tificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy
th first application.	ted/Cleared or	5 29 18	is enclosed)
th first application. eck has been deposited to the Mailing Address Amendment See Division of Con P.O. Box 6327 Tallahassee, Fl	rporations	Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301



May 24, 2018

DEREK HERENDEEN 758 W 13TH STREET UNIT 1 PANAMA CITY, FL 32401

SUBJECT: ALLEN CUSTOM CABINETRY & FURNITURE INC

Ref. Number: P11000009702

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 018A00010891

RECEIVED

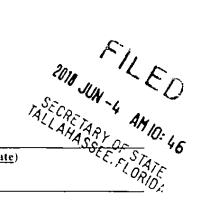
18 JUN -L PM 2: U2

SECRETARY OF STATE

TALLAHASSFE, FI GOLD

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Articles of Amendment Articles of Incorporation



Allen Custom Cabinetry + Furniture Inc (Name of Corporation as currently filed with the Florida Dept. of State)

P11000000970a

(Document Number of Corporation (if known)

ent(s) to

Allen Custom Cabi	netry Inc	The ny," or "incorporated" or the abbrevia
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation " word "chartered," "professional association," o	Corp," "Inc," or "Co". A proj	ny, or "incorporated or the abbrevia fessional corporation name must contain
B. Enter new principal office address, if appli Principal office address <u>MUST BE A STREET</u>		N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	N a
		
D. If amending the registered agent and/or renew registered agent and/or the new regist		ia, enter the name of the
D. If amending the registered agent and/or renew registered agent and/or the new regist Name of New Registered Agent	ered office address:	ia, enter the name of the
new registered agent and/or the new regist	ered office address:	la, enter the name of the
new registered agent and/or the new regist	ered office address: NA (Florida street address)	la, enter the name of the Florida

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>	Name	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			
remove			_

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
	
	-
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: _ date this document was signed.	N/A	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does document's effective date on the Department o		rements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders through voting groups. <i>The fo</i> g group entitled to vote separately on the ame	
"The number of votes east for the ame	endment(s) was/were sufficient for approval	
by	oting group)	
☐ The amendment(s) was/were adopted by the action was not required. ☐ The amendment(s) was/were adopted by the	: board of directors without shareholder action	
action was not required.	. meorporators without shareholder action and	Shareholder
Dated <u>5-31-18</u> Signature		
(By a director, pre selected, by an inc	sident or other officer – if directors or officers corporator – if in the hands of a receiver, trustery by that fiduciary)	
	erek A. Herendeen (Typed or printed name of person signing)	
	Resident (Title of person signing)	