## P11000015720

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TANG!



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Keystone Flooring, Inc.		
DOCUMENT NU	MBER: P11000015720			
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	prrespondence concerning thi	is matter to the following:		
		se N. Murphy, Esquire		
	N	lame of Contact Person		
	Denise N. Murphy, P.A.			
		Firm/ Company		
	531 Main Street, Suite F			
	Address			
	Safety	Harbor, Florida 34695	·	
	C	ity/ State and Zip Code		
<del></del>	E-mail address: (to be use	d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
Denise	e N. Murphy, Esquire	at ( <u>727</u> ) 72	5-8101	
Name	of Contact Person	Arca Code & Daytime Tele	phone Number	
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departi	ment of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	;	

Tallahassee, FL 32301

## **Articles of Amendment** to

of Articles of Incorporation	SECRETAD PHY
Keystone Flooring, Inc.	THASSEROR ST
(Name of Corporation as currently filed with the Florida Dept. of State)	- C. FLORIS
P11000015720	~ <i>D</i> 2;
(** ) (**)	

(Document Number of Corporation (if known)

lowing

Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		da Profit Corporation adopts the foll
A. If amending name, enter the new nam	e of the corporation:	
		The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
(Frincipal Office address MOST BE ASTR	<u></u>	
	<del></del>	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
D. If amending the registered agent and/	or registered office address in F	lorida, enter the name of the
new registered agent and/or the new r		
Name of New Registered Agent:	Thomas Chikodroff	· 
New Registered Office Address:	(Florida street add	ress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	nging Registered Agent:	
I hereby accept the appointment as register		accept the obligations of the position.
	In any	
	Signature of New Registered A	aent if changing

The date of each amendmen	t(s) adoption: 02-14-11
Effective date <u>if applicable</u> :	02-14-11 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemer ed 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)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	02-17-2011 Il Chubl
Signature _(B) sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Thomas Chikodroff
	(Typed or printed name of person signing)
	President
•	(Title of person signing)