# P11000026617

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION: The Cabinet Guy	of Englewood Inc	
	MBER: P11000026617		
The enclosed Articl	es of Amendment and fee are s	submitted for filing.	
Please return all cor	Tespondence concerning this m	natter to the following:	
	Barry Saxman		
	<del></del>	Name of Contact Person	on .
	The Cabinet Guy of Englew	ood Inc	
		Firm/ Company	
	150 S Indiana Ave	• •	
		Address	
	Englewood, FL 34223		
		City/ State and Zip Cod	de
th	ecabinetguyofenglewood@gma	ail com	
<del></del>		(to be used for future annu	
	L-man address.	(to be used for future annu	ai report notification)
For further informat	ion concerning this matter, plea	ese call:	
Barry Saxman		941 at (	) 475-9454 ode & Daytime Telephone Number
Namo	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad		Street Address	-
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
10. 100. 00		i ile Çe	mue of Tallaliassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

The Cabinet Guy of Englewood Inc (Name of Corporation as currently filed with the Florida Dept. of State) P11000026617 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

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	VP	Rence Saxman	150 S Indiana Ave
Add			Englewood, FL 34223
X Remove			
2) Change			
Add			
Remove 3) Change		***	
Remove			
4) Change			
Add			
Remove			<del> </del>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

#### Page 2 of 6

## E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE: The corporation, in accordance with the required minimum status vota placetate by

	<del></del>	<del></del>
<del>-</del>		<del></del>
	enefit(s) to be created by the corporation (in addition to its general	
	efit Director(s), if any, are as follows:	
he additional qualifications of Ben	the Director(s), if any, are as follows:	
	ent Director(s), if any, are as follows:	
The name(s) and address(es) of the I	enefit Director(s) and/or Benefit Officer(s), if any:	
he name(s) and address(es) of the E lame and Title:	enefit Director(s) and/or Benefit Officer(s), if any:  Name and Title:	
	enetit Director(s) and/or Benetit Officer(s), if any:  Name and Title:  Address:	
he name(s) and address(es) of the E lame and Title:	enetit Director(s) and/or Benetit Officer(s), if any:  Name and Title:  Address:	
he name(s) and address(es) of the Eame and Title:  ddress:  he corporation, in accordance with	enetit Director(s) and/or Benetit Officer(s), if any:  Name and Title:  Address:	a Profit Benefit

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

8:	
The public benefit for which the corporation is	organized is:
	he corporation (in addition to the above) is/are as follows (optional):
of the second control of the second of the s	the corporation (in addition to the above) is are as follows (optionar).
The additional qualifications of Benefit Directo	or(s), if any, are as follows:
he name(s) and address(es) of the Benefit Dire	
lame and Title:	Name and Title:
ddress:	Address:
(Inclu-	de attachment if necessary)
he corporation, in accordance with the required	u minimum starus vote, terminates its status as a Fiorida Profit Social P
ne corporation, in accordance with the required orporation in accordance with s. 607.505, F.S.	The revised purpose for which the corporation is organized is as follow

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

(Attach addition	nal sheets, if necessary). (Be specific)	
<u> </u>		
<u></u>		<del></del>
<u> </u>		
		<del></del>
<del>-</del>		
f an amendment	provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provisions for im</u>	nplementing the amendment if not contained in the amendment itself:	
(if not applied	able, indicate N/A)	
·		

The date of each amendment(s) date this document was signed.	adoption.	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided fo	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	<del></del>	
Signature	a Jak	
selecte	in ctor, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	_
	Barry Saxman	
	(Typed or printed name of person signing)	_
	President	

(Title of person signing)