## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : I20090000046

: (239)274-8290

Phone Fax Number

: (239)415-7373

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN RAUILIS FLOORING, CORP.

Certificate of Status	0
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Corporate Filing Menu

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<i>♦</i>	Articles of Ar	nendment	FILED
·	Articles of Inco	orporation	2011 AUG 25 AM 10: 26
F	RAUILIS FLOORING,	CORP.	SECRETARY OF STATE TALLAHASSEE, FLORID
(Name of Corpor	ration as currently filed with	the Florida Dept. of State)	TALLAHASSEE
	P11000047147		
a	Document Number of Corporat	ion (if known)	
amendment(s) to its Articles of L.  A. If amending name, enter th	•	B:	
abbreviation "Corp.," "Inc.," of name must contain the word "ch.  B. Enter new principal office a (Principal office address MUST)	artered," "professional assocional description of the state of the sta		
C. Enter new mailing address (Mailing address MAY BE A	, if applicable:   POST OFFICE BOX)		
D. If amending the registered a new registered agent and/or Name of New Registered	r the new registered office add		he name of the
New Registered Office Ad	ldress: (Flori	da street address)	

New Registered Agent's Signature, if changing Registered Agent:

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

(City)

Signature of New Registered Agent, if changing

\_, Florida\_

(Zip Code)

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>V.P.</u>	ROMILDO DOS SANTOS	15804 BROTHERS CT STE 8 FORT MYERS FL 33912	☑ Add ☐ Remove
<del></del>	·		☐ Add ☐ Remove
			Add Remove
E. IT amend (attach ad	ling or adding additional Articles, ente Iditional sheets, if necessary). (Be spec	er change(s) here:	
F. Ifan ar	nendment provides for an exchange, re	classification, or cancellation of iss	ged shares,
<u>provisio</u>	ons for implementing the amendment is of applicable, indicate N/A)	f not contained in the amendment i	tself:

Aug 24	2011	8:08PM	
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	nt(s) adoption: 08/23/2011  (date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	vere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vote	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	vere adopted by the board of directors without shareholder action and shareholder
action was not required.	
Dated_08/	23/2011
	AB
Signature _	
(E	by a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
(E	elected, by an incorporator - if in the hands of a receiver, trustee, or other court
(E	elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
(E	elected, by an incorporator — if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)