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SECRETARY OF STATE
ALLAHASSEE, FLORIO

APPROVEU

T, LEMIEUX

' <u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Floor Spe	cialists & T	rim, Inc
DOCUMENT NUMBER: P120000915	586	
The enclosed Articles of Amendment and fee are subm	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Emily Adams		
(Name of Contact Perso	n)
Floor Specialists & Trim,	Inc.	
	(Firm/ Company)	
320 Palm Coast Pkwy. N	.E.	
	(Address)	
Palm Coast, FL 32137		
(1	City/ State and Zip Cod	e)
floorsflagler@aol.d		
E-mail address: (to be used f	or future annual report	notification)
For further information concerning this matter, please co	all:	
Emily Adams	_{at} 386	447-6933
(Name of Contact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the following amount made payer	able to the Florida Depa	ertment of State:
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Floor Specialists And Trim, Inc.

(Name of Corporation as current P12000091586	ly filed with the Flo	orida Dept. of State)	
	ument Number of C	orporation (if known)	
Pursuant to the provisions of section 617. amendment(s) to its Articles of Incorporate	1006, Florida Statut ion:	es, this <i>Florida Not For</i>	Profit Corporation adopts the following
A. If amending name, enter the new na	me of the corporat	ion:	The new
name must be distinguishable and contain "Company" or "Co." may not be used in		tion" or "incorporated"	
B. Enter new principal office address, i	f applicable:	NA	
C. Enter new mailing address, if applic	cable:	NIA .	
(Mailing address MAY BE A POST (NA	
D. If amending the registered agent and new registered agent and/or the new	l/or registered office a	ce address in Florida, e	nter the name of the
Name of New Registered Agent:	EMILY ADA		
	320 PALM (COAST PKWY, I	NE
New Registered Office Address:	DALMICO	(Florida street address)	22427
	PALM CC	DASI	, Florida 32137 (Zip Code)
New Registered Agent's Signature, if ch hereby accept the appointment as registe	red agent. I am fai	Agent: miliar with and accept th Registered Agent, if char	e obligations of the position.

Page 1 of 4

SECRETARY OF STATE

\$8880 YEU **\$30**0 YEU 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 X Remove X Add		Doc 2 Jones 7 Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	<u>VP</u>	ADAMS, SEAN C	320 Palm Coast Pkwy NE
Add Remove			Palm Coast, FL 32137
2) Change	VP	Emily Adams	320 Palm Coast Pkwy
X Add			Palm Coast, FL 32137
Remove			
3) Change		- Management of the state of th	
Add			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
NA	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: 10/14/14 date this document was signed. Effective date if applicable: 10/14/2014 (no more than 90 days after amendment file date)			, if other than the
			<u>.</u>
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/wer was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.	
	There are no members or madopted by the board of dis	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
	Dated 10/1	l <u>4/</u> 2014	
	Signature	205	
	have no	hairman or vice chairman of the board, president or other officer-if directors the been selected, by an incorporator – if in the hands of a receiver, trustee, or urt appointed fiduciary by that fiduciary)	
	NA		
		(Typed or printed name of person signing)	
		(Title of person signing)	