P12000092917

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HASSEE FLORIDA

JC8/21

COVER LETTER

TO: Amendment Section
Division of Corporations

MADIE OF CONFORATION.	GROUT CORP	
DOCUMENT NUMBER: P1200009291	17	
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	tter to the following:	
CYNTHIA PALM	ITER	
	Name of Contact Person	
1140 S. BEA AV	Firm/ Company	
1140 S. BEA AV	Address	
INVERNESS FL		
	City/ State and Zip Code	
cynthiapalmiter@ya	hoo.com	
E-mail address: (to be u	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
CYNTHIA PALMITER	at (352	, 287-1616
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 2661 E	Address Iment Section on of Corporations Building executive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE

DOCTOR GROUT CORP

13 AUG 15 AM 9:44

(Name of Corporation as currently filed with the Florida Dept. of State) P12000092917 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: BAY AREA GROUT MONSTERS CORP 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." 1140 S. BEA AVE B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) **INVERNESS FL. 34452** C. Enter new mailing address, if applicable: 1140 S. BEA AVE (Mailing address MAY BE A POST OFFICE BOX) **INVERNESS FL. 34452** 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: CYNTHIA PALMITER Name of New Registered Agent 1140 S. BEA AVE (Florida street address) INVERNESS New Registered Office Address: (City) 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. Signature of New Registered Agent, if changing

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	PT	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) X Change	Р	_	CYNTHIA PALMITER	1140 S. BEA AVE
Add				INVERNESS FL,
Remove				34452
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
A) Change				
4) Change				***************************************
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
(Attach additional sheets, if necessary). (Be specific) IT WAS BROUGHT TO MY ATTENTION THAT
THE GROUT DOCTOR IS A FEDERAL REGISTERED TRADEMAR
THERE REGISTERED NUMBERS ARE:
U.S.REG.NO.2,395,447
U.S.REG.NO.2,525,210
U.S.REG.NO.3,572,338
DOCTOR GROUT IS TO SIMILAR TO THERE COMPANY
NAME AND THEY ARE LEAVING ME NO CHOICE BUT
TO CHANGE MY COMPANY NAME TO
BAY AREA GROUT MONSTER CORP
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)

The date of each amendmen	t(s) adoption: AUGUST 8, 2013	, if other than the
date this document was signed		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_AL	JGUST 8, 2013	
6.		
Signature (E sı a ₂	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 prointed fiduciary by that fiduciary)	_
•	CYNTHIA PALMITER	
	(Typed or printed name of person signing)	
	PRESIDENT/Registered Agen	<u></u>
	(Title of person/signing)	