

P130000079475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/4/14

CRm

10-2714

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: The Cabinet Gallery of the Treasure Coast, Inc.

DOCUMENT NUMBER: P13000079475

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meagan M. Robinson

Name of Contact Person

The Cabinet Gallery

Firm/ Company

633 NW Baker Road

Address

Stuart, FL 34994

City/ State and Zip Code

thecabgallery@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meagan M. Robinson

Name of Contact Person

at (772) 215-0176

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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14 NOV - 3 AM 11:02
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

The Cabinet Gallery of the Treasure Coast, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000079475

(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:

The Cabinet Gallery, Inc.

The new

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**)

633 NW Baker Road

Stuart, FL 34994

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

633 NW Baker Road

Stuart, FL 34994

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

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

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TALLAHASSEE, FLORIDA
STATE

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove		N/A	
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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CLERK OF DISTRICT COURT
STATE OF FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

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STATE
FLORIDA

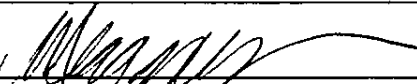
The date of each amendment(s) adoption: January 1, 2014, if other than the date this document was signed.

Effective date if applicable: January 1, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated October 8, 2014

Signature / 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Meagan M. Robinson
(Typed or printed name of person signing)

P, VP, S, T
(Title of person signing)

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STATE
TALLAHASSEE, FLORIDA

THE CABINET GALLERY INC

October 30, 2014

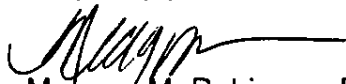
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document No. P01000052833

Dear Sir or Madam:

The Articles of Dissolution dissolving THE CABINET GALLERY, INC., were filed on October 10, 2014. Please accept this letter as notification that I have no intention of reinstating this entity and am giving my consent to THE CABINET GALLERY OF THE TREASURE COAST, INC. to change its name to THE CABINET GALLERY, INC.

Very truly yours,



Meghan M. Robinson, President

MMR:mr

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14 NOV -3 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

You Dream It. We'll Build It.

633 NW Baker Road • Stuart, Florida 34994
(772) 692-3667 • (772) 692-3677 - Fax
www.cabinetgallery.net



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2014

MEAGAN M. ROBINSON
THE CABINET GALLERY
633 NW BAKER ROAD
STUART, FL 34994

SUBJECT: THE CABINET GALLERY OF THE TREASURE COAST, INC.
Ref. Number: P13000079475

We have received your document for THE CABINET GALLERY OF THE TREASURE COAST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 214A00022470

*This was not returned. \$35.00 was for filing doc # P01000052833 articles of dissolution. I'm thinking you don't need the new check for \$35.00 that is enclosed. ?
-Meagan
772-215-0176*

RECEIVED
14 NOV -3 AM 8:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA