## P14000079482

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SECRETARY OF STATE DIVISION OF CORPORATIONS

1215/14

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Specialty K	itchen & Bath In	.c		
DOCUMENT NUMI	BER: P1400007948	2			
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Shireen Ansari				
		Name of Contact Person			
	Specialty Kitchen	& Bath Inc.			
		Firm/ Company			
	14138 Fox Glove	St.			
		Address			
	Winter Garden, F	L 34787			
		City/ State and Zip Code	:		
chr	own@schaccount	ing com			
201	own@ssbaccount	_	notification)		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sharon S. Brown at (352 ) 728-6376					
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rtment 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)		
	iling Address		Address		
	endment Section ision of Corporations	Amendment Section Division of Corporations			
	P.O. Box 6327 Clifton Building				
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE DIVISION OF CORPORATIONS

14 DEC -8 PM 4: 13

## Specialty Kitchen & Bath Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P14000079482 (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 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent

14138 Fox Glove Street

(Florida street address)

New Registered Office Address:

Winter Garden

(City)

(Zip Code)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

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

new registered agent and/or the new registered office address:

I hereby accept the appointment as registered agent. I fin 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	<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>	<u>Name</u>	<u>Addres</u> s
I) Change	P	Specialty Products & Service	14138 Fox Glove St.
Add			Winter Garden, FL 34787
Remove			
2) Change	Р	Shireen Ansari	14138 Fox Glove St.
Add			Winter Garden, FL 34787
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	<del></del>		
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Remove			
5) Change		<del>-</del>	
Add			
Remove			
6.			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)			
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provisions for implementing the ame	nange, reclassificati	on, or cancellation	dment itself:	es,

The date of each amendment(s) ad	option: 9/25/14	r 16.0 Seure Tary Historiof of Co	OF STATE RPORATIONS	_, if other than the
date this document was signed.  Effective date if applicable:		14 DEC -8	PH 4: 13	_
	(no more than 90	days after amendment file dat	e)	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su		number of votes cast for the an	nendment(s)	
The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) was/were	sufficient for approval		
by	(voting group)			
	(voting group)			
The amendment(s) was/were ado action was not required.	pted by the board of directors w	rithout shareholder action and	shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators witho	ut shareholder action and shar	eholder	
Dated	12/4/14			
Signature	Jun -			
(By a d selecte	irector, president or other office d, by an incorporator – if in the ed fiduciary by that fiduciary)			_
	Shireen Ansari			
	(Typed or pri	nted name of person signing)		<del></del>
	President			
	(Title	e of person signing)		