P14000099433

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MPERIAL CABE	NETS DESIGN, INC			
	BER: P14000099633				
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	RENATA ALCANTARA				
		Name of Contact Person	1		
	ACCOUNTING PLUS PROFESSIONAL SERVICES, INC				
		Firm/ Company			
	3803 NW 7TH PL				
		Address			
	DEERFIELD BEACH, FL 3	3442			
	*******	City/ State and Zip Cod	2		
REN	ATAALC@HOTMAIL.COM				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
RENATA ALCANT	ARA	954 at (de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)		
Am Div P.C	illing Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Divisio Clifton	Address ment Section or of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

IMPERIAL CABINETS DESIGN, INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P14000099633	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new d'"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P 4"
B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADD	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	TILED
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regi I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Siane	oture 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: \underline{X} Change	<u>PT</u>	John De	υς	
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)	Title		Name	<u>Addres</u> s
1) Change	VP		ELIMAR S ANDRADE	3026 NW 25TH AVE
Add		_		POMPANO BEACH, FL 33069
X Remove				
2) Change				
Add				
Remove				
3) Change				*******
Add				
Remove				-
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				-
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	idited it not contained in the amendment tisen.
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(if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	

mn i verile i v	10/11/2017	
The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	is block does not meet the applicable statutory filing requirements, this date with Department of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	Dieselenteren	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	ELIMAR S ANDRADE	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	