` (Re	equestor's Name)	
(Ad	ldrėşs)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900283915499

APR 19 2016

... while

04/04/16--01032--020 \*\*52.50



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2016

SHANE PAISLEY 1621 S 21ST AVE HOLLYWOOD, FL 33020

SUBJECT: PAISLEY'S DRAPERY & UPHOLSTERY INC

Ref. Number: P15000007432

We have received your document for PAISLEY'S DRAPERY & UPHOLSTERY INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is for a profit benefit corporation. If you wish to become a profit benefit corporations, p3 or 4 of the document must be complete according to the applicable statutes. If you have filed this form in error, please find enclosed and complete articles of amendmentfor a Florida for profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 016A00007357

## **COVER LETTER**

TO: Amendment Section

Division of Corpor	ations				
NAME OF CORPOR			PERYSUPHOISTERY I		
DOCUMENT NUMBI	ER: 7 150000	07432			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
	Shar	ne PAISL	EY		
_		Name of Contact Person			
-		Firm/ Company			
_					
,	5729 HA	yes St. Hol	14mood FL33021		
		City/ State and Zip Code			
<u> </u>	Sapeun: que C E-mail address: (to be us	Broduction  ed for future annual report	e Yohoo. Com		
For further information	concerning this matter, pleas	se call:			
Shan		at (561	800 5202 de & Daytime Telephone Number		
Name o	f Contact Person	Area Co	de & Daytime 1 elephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	ndment Section sion of Corporations		Iment Section on of Corporations		
= '	Box 6327	Cliftor	Building		
Talla	hassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

FILED

Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 15000007432 (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: 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) POBOX 5046 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Soow P 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 New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>V</u>	CAROL FAITHPAISley	5729 Hayes
Add		_	
Remove			Hollarmood ET3305
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u>mending o</u> ich <i>additio</i>				<u>enter cha</u> le specific)	inze(s) here	į.				
P	aisl	ey'	S C	Dr.	1 B	ry d	107 10p	hō] e8t	31 e A61i	ry -	$\mathcal{I}^{\bigcirc}$
							<u>-</u>			_	
	The	<u> </u>	سب	101	Ince	<u> </u>	our	وح	<u>is</u>	ers Inner	
	Port	<u> 2 P 6</u>	<u> 4</u> 25	<u> </u>	<u>res:</u>	<del>) 19</del> e	30	<u> </u>	8 h	rS	
	Bu	oks)	<u></u>	<u> </u>	<u>TSr</u>	1-75,	F-10	100 J	Si	in/set	<u> </u>
								, <u> </u>		······································	
									<del>-11</del>		
										<del></del>	
			<u>-</u>		<del></del> ,	·					
								·			
									<b>-</b>		
						•			_		
lf a	n amenda	nent prov	ides for a	n exchang	e, reciassi	ification, or	cancellati	on of issu	ed share	S.	
pr			indicate /		nent if not	contained (	n the ame	<u>ndment í</u>	tself:		
		-		<u> </u>	<u> </u>						
									- 111		

The date of each amendment(s) adoption: date this document was signed,	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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 Shane Boisley  (voting group)	
(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 4/18/20/b	
(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)	_
Shane Paisley	
(Typed or printed name of person signing)	
Gresident Registed Agent	
(Title of nerson signing)	

04/16/2016

To whom it may concern,

I hereby request that my commission ID be changed since the original package mailed to me was never received. Please mail my new package to my job address at 3382 Bartlett Blvd. Orlando, FL 32811. If further questions arise, feel free to contact me at 321-310-1417.

With Thanks

Marie H John

DOB August 4, 1984