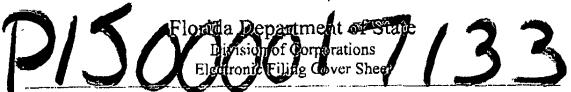
7/26/2016

Division of Corporations



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Electronic Filing Menu

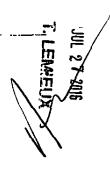
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Corporate Filing Menu

Help

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COVER LETTER

TO: Amendment Section of Corporation			•
NAME OF CORPOR	ATION: SNAP FLOORING	INC	
DOCUMENT NUMB	ER: P15000017133		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing,	
Please return all corres	pondence concerning this ma	tter to the following:	
	DE SOUZA, MARCOS		
		Name of Contact Person	
	SNAP FLOORING INC		•
•		Firm/ Company	
	14105 CITRUS CREST CIR		
•		Address	
	TAMPA, FL 33625		
•		City/ State and Zip Code	
	E-mail address: (to be us	sed for future annual report	notification)
	•	•	•
For further information	n concorning this matter, pleas	se call:	
DE SOUZA. MARCO	os	at (965-4187 de & Daytime Telephone Number
Name o	Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State;
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address mdment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle ussee, IFL 32301

Articles of Amendment to Articles of Incorporation of

SNAP FLOORING INC	
(Name of Corporation as currently filed will	the Florida Dept. of State)
P15000017133	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Prais Articles of Incorporation:	nfit Corporation adopts the following amendment(s) to
A. If amending name, eater the new name of the corporation:	
<u>. </u>	The new
name must be distinguishable and contain the word "corporation," "comporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A poword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, If applicable: (Principal office address MUST BE A STREET ADDRESS)	
, and the second of the second	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	
D. If amending the registered agent and/or registered office address in Florenew registered agent and/or the new registered office address:	rids, enter the name of the
Name of New Registered Agent	
(Floridu street address)	
New Registered Office Address:	, Florida,
(City)	(Lip 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 appointment as registered agent.	recept the abligations of the position
	<u> </u>
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> PY</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
_ <u>X</u>	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	s	MARIA D. PEREIRA	14105 CITRUS CREST CIR
X Add		·	TAMPA, FL 33625
Remove			
2) X Change	P	DE SOUZA, MARCOS	14105 CITRUS CREST CIR
Add		,	TAMPA, FI, 33625
Remove			
3)Change			
Add			
Кепюче			
4) Change			
Add			
Remove			
5) Change			,
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
Effective dute if applicable:	
(no more than 90 days after amendment file dute)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill 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" (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.	
07/15/2016	
.Dated	www.
Signature (By a director, president or other officer - if threctors 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)	
DE SOUZA, MARCOS	
(Typed or printed name of person signing)	
V. PRESIDENT	
(Pitte of nerson signing)	