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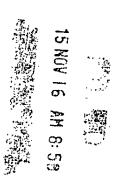
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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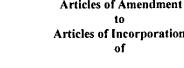
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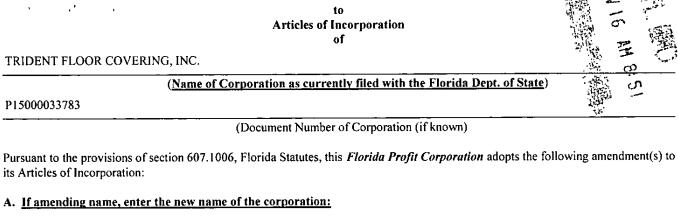
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	COVERING, INC.		
DOCUMENT NUMI	BER: P15000033783			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corres	spondence concerning this mat	ter to the following:		
	BRIAN JONES			
	Name of Contact Person			
	TRIDENT FLOOR COVERING, INC.			
	Firm/ Company			
	13573 65TH STREET NORT	CH		
		Address		
	LARGO, FLORIDA 33771			
		City/ State and Zip Code		
SHA	NNON@TRIDENTFLOOR.C	COM		
	E-mail address: (to be us	ed for future annual report n	otification)	
For further information	n concerning this matter, pleas	e call:		
BRIAN JONES		at (223-4673	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made p	payable to the Florida Depar	tment 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		

Articles of Amendment to of





. <u> </u>		The new		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the n "P.A."		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		13573 65TH STREET NORTH		
		LARGO, FLORIDA 33771		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13573 65TH STREET NORTH		
		LARGO, FLORIDA 33771		
D. If amending the registered agent an new registered agent and/or the new		ddress in Florida, enter the name of the ess:		
Name of New Registered Agent	BRIAN JONES			
	13573 65TH STREET	NORTH		
	(Florida	street address)		

New Registered Office Address:

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.

LARGO

Signature of New Registered Agent, if changing

(City)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Chan	ge P	KRISTIE M. FONSECA JO	ONES 13573 65TH STREET NORTH
Add			LARGO, FL 33771
X Rem	ove		
2) Chan	ge P	BRIAN JONES	13573 65TH STREET NORTH
X Add			LARGO, FL 33771
Rem	ove		
3) Char	nge		
Add			<u> </u>
Rem	ove		
4) Chan	ge		
Add			
Rem	ove		
5) Chan	ge		<u> </u>
Add			
Rem	ove		
6) Chan	ge		
Add			
Rem			

L. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	- Petal Here.				
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	1-1			<u>-</u>		
	 -					<u>. </u>
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		<u></u>	.			<u></u>
						
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				··· <u></u>		
If an amendment provides for an exchiprovisions for implementing the amer	<u>ange, reclassifi</u> idment if not c	cation, or cal ontained in t	ncellation of he amendme	<u>issued shar</u> ent itself:	<u>es,</u>	
(if not applicable, indicate N/A)						
RISTIE M. FONSECA JONES HEREBY	TRANSFERS	ANY AND A	LL HER SH	ARES ISSU	ED TO HEI	R OR BY HER
O BRIAN JONES, EFFECTIVE IMMED	IATELY UPON	N SIGNATUR	E OF THIS	DOCUMEN	Т.	
		·- <u>·</u>				
		·				
					·	<u>-</u>
						

10/26/2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
10/26/2015	
Effective date if applicable: (no more than 90 days after amendment file	John
(no more than 90 days after amenament file	une)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ements, this date will 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 by the shareholders was/were sufficient for approval.	e amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The fol must be separately provided for each voting group entitled to vote separately on the amendment.	lowing statement adment(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 action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
10/26/2015	
Dated	
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, trusted	
appointed fiduciary by that fiduciary)	
BRIAN JONES	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	