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S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Allstate Interior Co	oncepts, Inc. alba f	Stodable Cabivets Direc		
DOCUMENT NUM					
The enclosed Article	es of Amendment and fee are su	abmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Denise Smith				
	Name of Contact Person				
	Allstate Interior Concepts, In	c diba afforda	uble Cabinets Direct		
		Firm/ Company			
	3904 Buckhead Way				
	Address				
	Valrico, FL 33596				
	· ·	City/ State and Zip Cod	le le		
ddsi	nith@tampabay.rr.com				
		sed for future annual report	natification)		
For further informati	on concerning this matter, pleas				
TO TESTICE STRONG	on concerning this matter, pieas	se carr.			
Denise Smith		at (241-5087		
Name	of Contact Person	Area Co	ode & Daytime Telephone Number		
Enclosed is a check (for the following amount made	payable to the Florida Dep	artment of State:		
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐S43.75 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, FI, 32314		Ameno Divisio	Address Iment Section on of Corporations i Building		
		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

orporation (if known) orida Profit Corporation adopts the following ame The "company," or "incorporated" or the abbrev ". A professional corporation name must contact." 9820 White Barn Way Riverview, Florida 33569	new iation
The "company," or "incorporation name must contact." A professional corporation name must contact. White Barn Way	new iation
The "company," or "incorporated" or the abbrev ". A professional corporation name must conta. t." 9820 White Bath Way	new iation
"company," or "incorporated" or the abbrev ". A professional corporation name must conta 4." 9820 White Barn Way	iation
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"company," or "incorporated" or the abbrev ". A professional corporation name must conta 4." 9820 White Barn Way	iation
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Riverview, Florida 33569	
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Post Office Box 2163	سببر. سببر. ک
Riverview, Florida 33678	
	<u>;</u>
	<u>.</u>
in Florida, enter the name of the	
uldress)	
33569	
y) , Ffortda	
	in Florida, enter the name of the

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
1) Change	VP	Mark Smith	P.O. Box 2163
x Add			Riverview, Florida 33568
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).	icles, enter change(s) here: (Be specific)
f an amendment provides for an eyeh	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
11.11.11.11.11	
(if not applicable, indicate N/A)	

	_, if other than the
date this document was signed. 6/1/17	
Effective date if applicable:	
tho 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	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	יוחר ויים
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	PH 2: 42
Signature Olux OXMIA	150 150
Signature Ulux OXMUAL	_
(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)	
Denise D. SmHL	
(Typed or printed name of person signing)	
Owner President- (Title of person signing)	
(Title of person signing)	 _