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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Arrow Riley Inc.	
DOCUMENT NUMBER: P15000101859	
The enclosed Articles of Amendment and fee are submi	itted for filing.
Please return all correspondence concerning this matter	to the following:
Donald J. Josephik	
Arrow Riley Inc.	Name of Contact Person
	Firm/ Company
15801 Archer Street	
<u> </u>	Address
Hudson, FL 34667	
	City/ State and Zip Code
· Donnie@generalcabinets.com	n
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please co	all:
Sue Gardner	at (727 863-3404
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pays	ible to the Elorida Department of State:
· Certificate of Status	S52.50 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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 Articles of Incorporation of

(Name o	of Corporation as curre	ently filed with the Flo	rida Dept. of State)	
P15000101859				
	(Document Number	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corp</i>	oration adopts the following	g amendment(s) t
A. If amending name, enter the new na	ime of the corporation:	<u>.</u>		
-				_The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	or "Co". A professione	"incorporated" or the a al corporation name must d	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		N/A		
				
				
				
C. Enter new mailing address, if appli		N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
•		 		
 If amending the registered agent an new registered agent and/or the nev 			r the name of the	
new registered agent and/or the new	DONALD J JOSEPH			
Name of New Registered Agent				_
	15801 ARCHER STE	REET, HUDSON, FL 3	4667	_
	(Florida	street address)		-
New Registered Office Address:	·		, Florida	
		(City)	(Zip (Code)
•				

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	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	P	BETSY CALLAS	15801 ARCHER STREET
Add			HUDSON, FL 34667
X Remove	•		
2) Change	P	DONALD J JOSEPHIK	15801 ARCHER STREET
X Add			HUDSON, FL 34667
Remove			
3) Change			·
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u> </u>		
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
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	<u> </u>	
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<u> </u>		
provisions	Iment provides for an exchange, reclassification for implementing the amendment if not complicable, indicate N/A)	cation, or cancellation of issued shares, ontained in the amendment itself:
_		
_	٠,	

	AUGUST 9, 2018	
The date of each amendment(, if other than th
date this document was signed.		
	AUGUST 9, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date very department of State's records.	vill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d 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/wer-action was not required.	e adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated	8/13/18	
Signatura	8/13/18 Telifally	
Signature	y a director, president or other officer - if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	BETSY CALLAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	