P16000024109

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEP 3 0 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

PARTER STATE OF

NAME OF CORPO	ORATION: Total Kitchen & B	ath Designs, Inc.	
	1BER: P16000024109		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	•
	Enrica Bywaters		
		Name of Contact Person	n
		Firm/ Company	
	3054 49th Street		
		Address	
	Sarasota, FL 34234		
		City/ State and Zip Cod	e
For further informati	on concerning this matter, pleas	se call:	
Enrica Bywaters		at (de & Daytime Telephone Number
Name	e of Contact Person	. Area Co	de & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment 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)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment . to Articles of Incorporation of

Total Kitchen & Bath Designs, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000024109 (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." 2125 19th Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Sarasota, FL 34234 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Florida New Registered Office Address: (City) (Zip 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 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Fred Packwood	8437 Tuttle Ave. Ste 327
Add			Sarasota, FL 34243
xx Remove			
2) xx Change	P	Justin Bywaters	3054 49th Street
Add			Sarasota, FL 34234
Remove			
3) Change	S/T	Enrica Bywaters	3054 49th Street
xx Add		,	
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
					
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f an amendment provides for an exch	ange, reclassificat	ion, or cancellat	ion of issued	hares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment it not con	amed in the am	enument itsen	Ĺ	
(i) het approache, mareure i hit					
					
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× -	September 22, 2016	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
- 	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	nt(s)
☐ The amendment(s) was/were approvided for	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ment
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	oted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were adopt action was not required.	oted by the incorporators without shareholder action and shareholder	
September Dated	22, 2016	
(By a din selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conditional diduction of the fiduction of the fi	
Ī	Enrica Bywaters	
-	(Typed or printed name of person signing)	
S	ecretary/Treasurer	
-	(Title of person signing)	