## P160035445

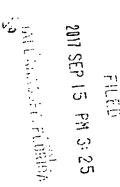
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C. GOLDEN SEP 1 8 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: CHAPIN TILE	& MARBLE, INC
DOCUMENT NUMBER: P16000025445	
	submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Name of Contact Person
ACCOUNTING PLUS P	ROFESSIONAL SERVICES, INC
	Firm/ Company
3803 NW 7TH PL	
	Address
DEERFIELD BEACH, FÉ	. 33442
	City/ State and Zip Code
  RENATAALC@HOTMAIL.CE	PM .
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
RENATA ALCANTARA	954 913-1520 at ( )
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	
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

FILEU

2017 SEP 15 PM 3: 25

CHAPIN TILE & MARBLE, INC			and the second s
(Name	of Corporation as c	urrently filed with the Fl	orida Dept. of State) 🔩 💢 🚉 EuGhadi
P16000025445			Z#
	(Document Nu	umber of Corporation (if kn	lown)
		·	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statut	es, this <i>Florida Profit Cor</i>	poration adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporat	tion:	
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation   Corp." "Inc	;" or "Co". A profession	
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S		)	
			···
C. Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )		
	l l		
		<del>-</del>	
D. If amending the registered agent ar			er the name of the
new registered agent and/or the ne	i i		
Name of New Registered Agent	LUIS LEONEL SA	ANCHEZ MENDEZ	
	609 6TH AVE S		
	(Flo	orida street address)	
New Registered Office Address:	LAKEWORTH		, Florida 33460
THE REGISTER Office Indiress.		(City)	(Zip Code)
			•
New Registered Agent's Signature, if c	hanging Registered	1 Agents	
I hereby accept the appointment as regis	tered agent. I am fa	miliar with and accept the	obligations of the position.
	Cillia	•	
	1121		
v			
	Simatura	f New Registered Agent, if	
	[ [ ]	, man negatieren ngent, y	······································

j
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 RTD.
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 Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
<u>Cype of Action</u> (Check One)	<u>Title</u>	<u>Na</u>	<u>  me</u> 	<u>Addres</u> s
1) Change	VP	F1.	ORIDALMA C S MENDEZ	609 6TH AVE S
X Add				LAKE WORTH, FL 33460
Remove				
2) Change			1	
		- <del>-</del>		
Add				
Remove				<del> </del>
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			if	
Add				
Remove				
<del></del>				
5) Change				
Add				
Remove				

E. <u>If amending or adding</u> additional Articles	enter change(s) here:
(Attach additional sheets, if necessary). (B	e specific)
	,
F. If an amendment provides for an exchang	e, reclassification, or cancellation of issued shares,
provisions for implementing the amendm (if not applicable, indicate N/A)	ent if not contained in the amendment itself:
, , ,	
	11
<del> </del>	
	II

The date of each amendment(s) adoption:date this document was signed.	, if other than	the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	ot meet the applicable statutory filing requirements, this date will not be listed as State's records.	the
Adoption of Amendment(s) (CH	ECK ONE)	
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) approval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amen	 idment(s) was/were sufficient for approval 	
by		
(vot	ing group)	
☐ The amendment(s) was/were adopted by the action was not required.		
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
08/31/2017 Dated		
Signature 1		
(By a diffector, presi selected, by an inco appointed fiduciary	dent or other officer – if directors or officers have not been apporator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
LUIS LEON	 NEL SANCHEZ MENDEZ II	
(	Typed or printed name of person signing)	
PRESI	 OF NT	
	(Title of person signing)	