P16000 3833

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consideration to Filing Officer	\neg
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section **Division of Corporations** CABINETS INC. NAME OF CORPORATION: DOCUMENT NUMBER: P160003832 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: STANley T CARter

Name of Contact Person

SCM CAB, Nets INC

Firm/Company 705 N. OREGON Q & TAMPABAY. RR. COM (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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 of Corporation as currently filed) 1600038323 (Document Number of Corporation as currently filed)		. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	,	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". word "chartered," "professional association," or the abbreviation "P.A."		rated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7 THE TOTAL THE
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the nam	ne of the
Name of New Registered Agent	}	
New Registered Office Address: (Florida street add	ress)	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	d accept the obligations	(Zip Code) of the position.
<i>\</i> \/A	ed 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 I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	•
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	STANIEY CARTEL SR	1705 N. OREGON CIR
X Add			TAMPA FL
Remove			33612
2) Change	<u>P.ce</u> o	STANLEYTCARton	1705 N. OREGON CIR
Add			TAMPA FC
Remove	_		33612
3) Change	_5	ZACHARY TCARFOR	1705 N. OREGON CIR
X Add		•	TAMPA FL
Remove			33612
4) Change	T	Austin L. Faunta	912 TARAWOO LU
X Add			VAIRICO FC
Remove			33594
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

If amending or adding ac (Attach additional sheets, i	ditional Articles,	enter change(s) he	<u>ere</u> :		
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If an amandment provide	, fan an arabanaa			d .h	
If an amendment provide provisions for implemen	ting the amendme	nt if not contained	in the amendme	nt itself:	
(if not applicable, ind	icate N/A) ∆				
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		-			
				·	

The date of each encountries to	8-8-1)	:0 -41 41 41-
The date of each amendment(s) ac date this document was signed.	topuen:	, if other than the
_	8-8-17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	Cla J-tal
	(no more than 90 days after amenament)	nie aaie)
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requestrates and of State's records.	airements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	"
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action ar	od shareholder
Dated &	-8-17	
Signature	to V Cort	
(By a d	irector, president or other officer - if directors or office	
	 d, by an incorporator – if in the hands of a receiver, trusted fiduciary by that fiduciary) 	stee, or other court
аррони		
	STANley T CAR	ter
	(Typed or printed name of person signing)	
	President + CR	
	(Title of person signing)	