P16000044616

Office Use Only



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DEC 1 3 2016 T. LENNEUX



COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Done Right Instillation and Remodeling DOCUMENT NUMBER: P16000044616			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person Done Right Instillation and Remodelle Firm/Company Address Port Orengo F/ 32119 City/State and Zip Code Toseph Covey at Ymail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
To SeAh S. Covey at 386 405-7679. Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is Certified Copy)			

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to

	Articles of Incorporation of	FILED
Done Right	- Instillation	
(Name of Corpo	ration as currently filed with the F	orida Dept. of State)
P1600604	14616	SECRETARY OF STATE: TALLAHASSEE, FLORIDA
(Do	ocument Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Col</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A professio	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)	$\frac{\text{able:}}{\text{4DDRESS}}$ $\frac{6/5}{\text{Day}}$	Washington ST Homa Beach F/
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	23° Dort	Peppermint Way ORange F1 32119
D. If amending the registered agent and/or reg new registered agent and/or the new register		ter the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
and the state of t	(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.

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>	Address
1) Change		Frank W. Civlla	820 Cathrine Aux
Add Remove			Holly Hill. Florida,32117
2) Change			
Add			
Remove			
3) Change			
Add			
Remove		•	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding addit (Attach additional sheets, if no					
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T.C	r	-:	calletten of icone	.d chance	
If an amendment provides provisions for implementing	ng the amendment if no				
(if not applicable, indic	ate N/A)		1	7	
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	yet	Pleas	e t	ssue ToseAh	all_
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The date of each amendment(s) adoption: _	12/8/16	, if other than the
date this document was signed. Effective date <u>if applicable</u> :	[7] [8] (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing require of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
1 he amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the approval.	e amendment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	he shareholders through voting groups. The follog group entitled to vote separately on the amen	lowing statement adment(s):
f)	endment(s) was/were sufficient for approval oting group) "	
ine amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and s	shareholder
Dated 12 (8	5/16	
selected, by an inc	esident or other officer – if directors or officers corporator – if in the hands of a receiver, trustee ry by that fiduciary)	
	TOSEN So (Typed or printed name of person signing)	cott Covey Sto
	Presid	ent
	(Title of person signing)	