P16000081229

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900292598289

11/23/16--01014--015 **35.00

TE NOV 23 AM 9: 08

WAS OF STREET

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gaes S	Hevells Flooring Inc.	
DOCUMENT NUMBER: PIGGOOS	1224	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Gregory S.	Name of Contact Person	
GREG S. Neur	Ells Florzing, INC.	
12493 500	SZAZUN RD Address	
OCALN FL	34481 City/ State and Zip Code	
-	City/ State and Zip Code	
E-mail address: (to be used for fature annual report notification)		
For further information concerning this matter, pleas	e call:	
GREG Nexcils	at (352) 209 - 7848 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable to the Florida Department of State:	
S35 Filing Fee	Os43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Oscillation Fee & Certificate of Status (Certified Copy (Additional Copy is enclosed)	
Malling Address	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

P. C.	Sage Co
	S. S. S.

GAEG S. Nevells Flooring, INC	安皇
(Name of Corporation as currently filed with the Florida Dept. of State)	ې چې
716000081229	<u>ී</u>
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
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 ab "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must of word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
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 GREGERY S. Nevells	
12995 SW 52nd Ln fd. (Florida street address)	
New Registered Office Address: OCAIA , Florida 344	81
(City) (Zip Ci	ode)
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	PT John Doe		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	Title Name		Address
1) X Change	P Gaea	yeary S. Nevells	12495 SW SEND LA RO.
Add		LEG S NevellS Legory S. Nevells	DCALA, FL 34481
2) Change		,, p	
Remove 3) Change			
Add			
4) Change			
Add Remove			
5) Change Add			
Remove			
6) Change			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
······································	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 11-4-16 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11-4-16	
Signature (By a director, president or other officer – if directors or officers have not been	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator if in the hands of a receiver, trustee, or other cou	rt
appointed fiduciary by that fiduciary)	
GREGORY S. NEUCLIS (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President (Title of person signing)	
(Title of person signing)	