## P17000018383

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CUMBERLAND (	CABINET AND DESIGN.	INC.			
DOCUMENT NUM	IBER: P17000018383		,			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	SHELDON GILLETTE					
		Name of Contact Person	n			
	CUMBERLAND CABINET AND DESIGN, INC.					
	Firm/ Company					
	9941 MARGATE HILLS RO	)AD				
	-	Address				
	JACKSONVILLE, FL 3225	6				
		City/ State and Zip Code	e			
SHE	LI@CUMBERLANDCABINI	ET.COM	1/			
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
SHELDON GILLETTE		904 at (	521-0888			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327

Street Address
Amendment Section Division of Corporations Clifton Building

## Articles of Amendment to Articles of Incorporation of

CUMBERLAND CABINET AND DESIGN, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000018383 (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: N/A The new 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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) New Registered Office Address: Florida (City) 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3 ) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
		N/A	
6) Change		N/A	
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)	
N/A	
	*****
	<del> </del>
	<del></del>
	1, 11
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
CHANGE NUMBER OF SHARES FROM ONE SHARE (1) TO ONE HUNDRED SHARES (100)	

The date of each i	8/12/19	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
8.	/12/19	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were : must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
SHAREHOLDERS	OF CUMBERLAND CABINET AND DESIGN, INC. "	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
8/12/19 Dated		
Signature	AV	
selec	a director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	SHELDON ANNE GILLETTE	
	(Typed or printed name of person signing)	<del>u </del>
	OWNER, PRESIDENT. DIRECTOR, CFO	
	(Title of person signing)	