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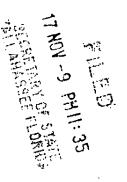


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Douglas Hann	
Name of Contact Person Royal Remodeling Corporation Now pame	.)
Firm/ Company 4621 Windstarr Drive	
Address Destin, FL32541	
City/ State and Zip Code	
doug@royalremodeling.com	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Douglas Hann 614 et at ()	5579942
	Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Departme	ent of State:
Certificate of Status Certified Copy (Additional copy is)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6327 Clifton Bui	t Section Corporations Iding naive Center Circle

Articles of Amendment to Articles of Incorporation of

	tly filed with the Florida Dept. of	(State)
P17000050719		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Royal Remodeling Corporation		✓ The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable:	4621 Windstarr Drive	Table College
Principal office address <u>MUST BE A STREET ADDRESS</u>)	Destin FL 32541	宝宝 世
		100 b
		## 3 B
		مست بهری شهره اماره لاسو
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	dress in Florida, enter the name o	the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address.	dress in Florida, enter the name o	C the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name o	Cthe
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name o	of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office address Name of New Registered Agent	treet address)	of the

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>	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		Table - Table	
Add			
Remove			

(Attach addition	adding additional Articles, enter cha al sheets, if necessary). (Be specific)	nige(s) nere:		
			···	
<u></u>				
r ou name				
provisions for	nt provides for an exchange, reclassi implementing the amendment if not licable, indicate N/A)	fication, or cancellation contained in the amendu	of issued shares, ment itself:	
				•

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	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(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/7/17	
Signature The 17th	
(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 court appointed fiduciary by that fiduciary)	
Douglas A- Uman (Typed or printed name of person signing)	
Typed or printed name of person signing)	
Praident	

(Title of person signing)