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T. LEMIEUX



## **COVER LETTER**

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TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Bell'S Flooring, Inc.  DOCUMENT NUMBER: P170000 97501
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEFFANIT, Martin  Name of Contact Person  Martin & Martin Tox & Accrng, Inc  Firm/ Company
MARTIN & MARTIN TOX & ACCTNO: Inc
ITIM/ Company  1704 17th Lans  Address  GREENACAES, MFL. 33463  City/ State and Zip Code
Address
GREENACRES F1. 33463
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
STEFFANI T. MARTIN at (561) 966-8735  Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  (Additional Copy is enclosed)
Mailing Address Amendment Section  Attention Street Address Amendment Section

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Division of Corporations

Taliahassee, FL 32314

P.O. Box 6327

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Division of Corporations

2661 Executive Center Circle Tallahassec, FL 32301

Clifton Building

## Articles of Amendment to Articles of Incorporation of Articles of Incorporation of

Bell's F	-loorin	9. Inc	7 ,	orida Dept. of S		
_			<u>i with the Fl</u>	orida Dept. of S	<u>(tate</u> )	_
P170000						
	(Document	Number of Corp	oration (if k	nown)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida St	atutes, this <i>Flori</i>	la Profit Cor	poration adopts	the followi	ng amendment(s) to
A. If amending name, enter the new na	me of the corpo	oration:				
N/A		_				The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate.  B. Enter new principal office address, (Principal office address MUST BE A ST	ation "Corp," ' tion," or the abb if applicable:	'Inc," or "Co". previation "P.A."	A profession	r "incorporated nal corporation	or the a	abbreviation contain the
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C	OFFICE BOX)  d/or registered	(Alegalstährer gr	r Florida, en	N/A ter the name of	the	
new registered agent and/or the new	registered offi	ce address:	fa ,	a ata e		
Name of New Registered Agent	<del>_</del>	NA	·			_
		(Florida street ad	drace)			<del>-</del>
New Registered Office Address:		NIA	Medical .	ding -		
New Registered Office Address.	<u> </u>	(City)		, Flor		Code)
	t gentleshier	Little of		:		
New Registered Agent's Signature, if ch	anging Registe	red Agent:				
I hereby accept the appointment as registe	rea agent, Tar	п јатинаг жин а	nd accept the	obligations of th	e position.	
-		N/A			2018	- <del>- [</del> ]-
	Signatui	e of New Registe	red Agent, if	changing Changing	DAN 16 D	
<u>.</u>		Page 1.of 4			9 35 3 3	

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	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	_γ_	Talmadge R. Bell	1411 W. PERRY St. Lantana, Fl. 33462
Add			Lantana, F1, 33462
2) Change		o de la cario de l	<del>-</del>
Add  Remôve	, .	in 1773	
3 ) Change			
Add		.:	
4) Change			
Add			
5) Change		A STATE OF THE PARTY OF THE PAR	
Add		· · · · · · · · · · · · · · · · · · ·	·
6) Change		-	
Add		ک میشند که در این از این	
Remove			

N/A	
N/A	
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	asset on the San
n amendment provides for an exchange, reclassification ovisions for implementing the amendment if not continued to the contin	ion, or cancellation of issued shares,
(if not applicable, indicate N/A)	Asset
<i>N/A</i>	
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