## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Electronic Filing Menu Corporate Filing Menu

Help

C. GOLDEN

MAY 1 8 2018

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## COVER LETTER

TO: Amendment Se Division of Cor			
NAME OF CORPO	DRATION: CORNERSTONE	E COUNTERTOP AND CA	ABINETS INC
DOCUMENT NUN	ABER: P18000027078	·-··	
The enclosed Article	es of Amendment and fee are s	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	PINHEIRO LIMA, MARCE	ilo	
	.,	Name of Contact Perso	n
	CORNERSTONE COUNTE	RTOP AND CABINETS I	NC
		Firm/ Company	
	3511 CENTURY BLVD		
		Address	
	LAKELAND, FL 33811		
		City/ State and Zip Cod	u
dvs	2usu@hotmail.com		
		sed for luture annual report	notification)
		•	·
For further information	on concerning this matter, pleas	se call:	
PINHEIRO LIMA, MARCELO		at ( <sup>813</sup>	525-2404
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	utment of State;
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	☐S43.75 Filling Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	illing Address condinent Section ision of Corporations b. Box 6327 lahassec, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssec. FL 32301

DDS TAX SERVICE

850-617-6381

5/17/2018 11:33:29 AM PAGE 1/001 Fax Server



May 17, 2018

## FLORIDA DEPARTMENT OF STATE

CORNERSTONE COUNTERTOP AND CABINETS INC 3511 CENTURY BLVD LAKELAND, FL 33811

SUBJECT: CORNERSTONE COUNTERTOP AND CABINETS INC

REF: P18000027078

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

You can check only one (1) box regarding the adoption of amendment.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

FAX Aud. #: H18000151438 Letter Number: 018A00010313 DDS TAX SERVICE

FILED

Articles of Amendment to Articles of Incorporation of 2018 MAY 17 AM 11: 42

SECRETARY OF STATE TALLAHASSEE.FLORIDA

CORNERSTONE COUNTERTOP AND CABINETS INC	- WHOOLEH EORIDA
	y filed with the Florida Dept. of State)
P18000027078	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation ".	Q . A professional corporation name must conside the
B. Enter new principal office address, if applicable:	
(Principal office uddress MUST BE A STREET ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	
D 16	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
rame of seen negrative agent	
(Florida stre	of address!
·	
New Registered Office Address:	City) (City Code)
· ·	(Lip code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I um familiar wi	the and annual ship white plant and the
and the second appointment as registered agent. I am juntital wi	un una accept the notigations of the position.
	<u> </u>
Signature of New Re	gistered 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.

X Change	PT	John Doc	
X Remove	Ã	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1)Change	<u>VP</u>	FL HOME IMPROVEMENT LLC	12000 N DALE MABRY HWY
Add		<del>- 11 -</del>	# 226
X Remove			TAMPA, FL 33615
2) Change	VP	DANIEL V. SILVA	12000 N DALE MABRY HWY
X Add			#226
Remove			TAMPA, FL 33615
3)Change	AT	ANTONIO MILTON, DE ARAUJO	3757 GERRADS CROSS CT
_X^dd			LAND O LAKES, FL 34638
Remove			
4) Change			
Add			
Кетюче			
5)Cbange			
Add			
Remove			
δ) Change			
Add			
Remove			

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	it provides for an emplementing the a cable, indicate N/A		sification, or canc t contained in the	ellation of issued s amendment itself:	hares,	
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The date of each amendment(s):	MAY 15, 2018 adoption:	i Promise and a second
date this document was signed.		if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(Yuling group)	
	(voting group)	
The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
МАУ 17, Daied	2018	
Signature M	loudo Ph	
Sciecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	PINHEIRO LIMA, MARCELO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	