## P/80057310

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SECRI LANGER, FLORIDA
IALLANASSEE, FLORIDA

## **COVER LETTER**

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: EXCLUSIVE DE	SIGN OF SOUTHWEST I	FLORIDA INC
DOCUMENT NUMB	BER: P18000057310		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corres	pondence concerning this m	atter to the following:	
	VICTORIA MALONEY		
		Name of Contact Perso	on
	EXCLUSIVE DESIGN OF	SOUTHWEST FLORIDA	INC
•	*	Firm/ Company	
	6017 PINE RIDGE RD STE	256	
•		Address	- · · · · · · · · · · · · · · · · · · ·
	NAPLES FL 34119		
-		City/ State and Zip Coc	le
<del></del> -	E-mail address: (to be u	sed for future annual report	notification)
		1	,
For further information	concerning this matter, plea	se call:	
VICTORIA MALONE		at (	272-3605
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amen Divisi	ng Address dment Section on of Corporations	Amend	Address ment Section n of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>Name</u> P18000057310	of Corneration as curren			
P18000057310	to Corporation as curren	tly filed with the Florida	Dept. of State)	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 60' its Articles of Incorporation:	7,1006, Florida Statutes, this	s Florida Profit Corporatio	on adopts the foll	owing amendment(s)
A. If amending name, enter the new r	name of the corporation:			
CREATIVE INTERIOR DESIGN & W				
name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation Corp. "Inc. or	"Co" A professional cor	orporated" or t poration name n	The new he abbreviation must contain the
B. Enter new principal office address	, if applicable:	6017 PINE RIDGE RI	O STE 256	
(Principal office address MUST BE A STREET ADDRESS)		NAPLES FL 34119		
2. Enter new mailing address, if app (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the ne	OFFICE BOX)  nd/or registered office add	ress in Florida, enter the	name of the	THE OFC -4 AN 8:
new registered agent and/or the ne		<u>s:</u>		
Name of New Registered Agent	VICTORIA MALONEY			
	6017 PINE RIDGE RD ST	ГЕ 256		•
	(Florida str	reet address)		<del></del>
New Registered Office Address:	NAPLES		. Florida 3411	9
		(City)		Zip Code)
ew Registered Agent's Signature, if c hereby accept the appointment as regist	hanging Registered Agent tered agent. I am familiar s	i with and accept the obligate	ions of the position	on.

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:

$\underline{X}$ 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>	Address
1) Change	Р	MICHAEL R. MALONEY	6017 PINE RIDGE RD STE 256
Add			NAPLES FL 34119
X Remove			
2) Change	P	VICTORIA MALONEY	6017 PINE RIDGE RD STE 256
$\frac{X}{Add}$			NAPLES FL 34119
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)	<u> </u>		
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an amendment provides for an excha	nge, reclassification.	or cancellation o	of issued shares	
ovisions for implementing the amen (if not applicable, indicate N/A)	dment if not containe	ed in the amendn	ient itself:	
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11/29/18	
The date of each amendment(s) adoption: 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 block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill 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.	
11/29/18 Dated	
Signature Vate Moly	
(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)	
MICHAEL MALONEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	