5/28/2019

P19000000000031529 Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ZEHIR CABINETS,INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Conference	•			
ZEHIR CABINETS, IN NAME OF CORPORATION:	c.			; .
P19000031529 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee are submitt				
Please return all correspondence concerning this matter to				
	JOSE C. ARIAS			
<u>(N</u>	lame of Contact Per	son)		
ZEH	IIR CABINETS, IN	C		
	(Firm/ Company)			
49	TROTTERS CIRC	LE		
	(Address)			
K	ISSIMMEE, FL 347	743		
((City/ State and Zip C	Code)		
RCTAXSERVICE@EARTHLINK.NET				
E-mail address: (to be used for	or future annual repo	ort notification)	 _
For further information concerning this matter, please of	ali:			
JOSE C. ARIAS	at	407	361-8343	
(Name of Contact Person)		(Area Code)	(Daytime Telephone	Number)
Enclosed is a check for the following amount made pays	able to the Florida D	epartment of S	State:	
\$35 Filing Fee \$\Bigcip \$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee Certified Copy (Additional copy is enclosed)	Certifi Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	An Di Cli 26	eet Address nendment Sectivision of Corpe flon Building 61 Executive C llahassee, FL 3	orations Center Circle	

Articles of Amendment to Articles of Incorporation of

ZEHIR CABINETS, INC.

P1900003	filed with the Florida Dept. of State)	•
2 *	1529	
(Document Number of	Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this F s Articles of Incorporation:	Plorida Profit Corporation adopts the following amends	ment(s)
. If amending name, enter the new name of the corporation:		
	The n	ew
ame must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Corpd' "Corp," "Inc," or "Corpd' "Chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain i	ion the
B. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>)		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- -
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		
Name of New Registered Agent		
	eet address)	
(Florida str	·	

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 X Remove X Add	PT John I V Mike SV Sally:		
Type of Action (Check One)	Title	Name	<u>Addres</u> s
	V	ERICK NELSON MOLINA	49 TROTTERS CIR
1) Change X Add			KISSIMMEE, FL 34743
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
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f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption:	5/2911.9	, if other than the
date this document was signed.		
Effective date if applicable:		
(no i	nore than 90 days after amendment file	e date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's	et the applicable statutory filing requir s records.	ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approv	iolders. The number of votes cast for that.	ne amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The for entitled to vote separately on the ame	llowing statement ndment(s):
"The number of votes east for the amendmen	t(8) was/were sufficient for approval	
by		
(voting gi	oup)	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the incompaction was not required.	porators without shareholder action and	shareholder
Dated 5 29 19		
Signature	De Amas	
(By a director, presiden)	or other officer - if directors or officers	have not been
selected, by an incorpora appointed fiduciary by the	tor - if in the hands of a receiver, trust	ee, or other court
appented neutral by the	at fiduciaty)	
The state of the s	ie Atrias	
(Туре	d or printed name of person signing)	
	President	
	(Title of person signing)	