P19000035508

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Oliver Cloutier Int	eriors Inc	
DOCUMENT NUM	BER: P19000035508		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Shawn Graves		
		Name of Contact Person	n
		Firm/ Company	
	2125 NE 61st Ct		
		Address	
	Ft Lauderdale, FL 33308		
		City/ State and Zip Cod	e
shav	n@olivercloutier.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Shawn Graves	_	954 at {	2952250
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Articles of In	icorporation & A. A.		
Oliver Cloutier Interiors Inc			
(Name of Computing as august	tly filed with the Florida Dept. of State)		
P19000035508	tly filed with the Florida Dept. of State) of Corporation (if known)		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:			
A. If amending name, enter the new name of the 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 name must contain the		
B. Enter new principal office address, if applicable:	6278 North Federal Highway, Unit #404		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Lauderdale, FL 33308		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6278 North Federal Highway, Unit #404		
	Fort Lauderdale, FL 33308		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent			
	treet address)		
New Registered Office Address:	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
neres, weech the appointment as registered agent. I am jamutar	sim and accept the oringations of the position.		

Signature of New Registered 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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
l) Change	-	_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
St. Change				
5) Change		_		
Add				
Remove				·
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
	
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f an amondment movidou for an arch	area realization or associlation of igned shares
i an amenument provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
<u>provisions for implementing the amer</u>	ndment if not contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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05/30	2019	
The date of each amendment(s) adoption:	·-	, if other than th
date this document was signed.		
05/30/2019		
Effective date <u>if applicable</u> :		
(1	o more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		, this date will not be listed as th
Adoption of Amendment(s) (CHEC	K ONE)	
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app		idment(s)
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr	archolders through voting groups. <i>The following</i> aup entitled to vote separately on the amendment	
"The number of votes cast for the amenda	ent(s) was/were sufficient for approval	
by		
(voting	group)	
The amendment(s) was/were adopted by the boa action was not required.		
action was not required.	orporators without shareholder action and shareho	onder
Dated		
Signature//		
	t or other officer $\overline{-}$ if directors or officers have no	
	rator – if in the hands of a receiver, trustee, or oth	ner court
appointed fiduciary by	that fiduciary)	
Shawn Graves	SHOUN ENAMES	
(Ту	ed or printed name of person signing)	
President		
	(Title of person signing)	