Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210000863103)))



.H210000863103ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:	Division of Corporations	
	Fax Number : (850)617-6380	
	Lax Milliost. : (930) 411 -0300	
From:		•
	Account Name : TAXPEOPLE LLC	
	Account Number : 120200000160	, i.i.
	Phone : (772)460-1000	(1)
•	Phone : (772)46 <b>0-100</b> 0 Fax Number : (772)777-3071	1110
	The state of the s	775
#Enton	the email address for this business entity to be used for	r futur
renter	nual report mailings. Enter only one email address pleas	e. **
an	nual report mailings. Litter only one charl address pages	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN FANTASTIC FLOORING INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000086310 3)))

## **COVER LETTER**

TO: Amendment Section Division of Corporations									
NAME OF CORPORATION: FANTASTIC FLO	OORING INC								
DOCUMENT NUMBER: P19000048358	enclosed Articles of Amendment and fee are submitted for filing.  See return all correspondence concerning this matter to the following:  Wesley Lagares de Faria  Name of Contact Person  Fantastic Flooring Inc.  Firm/ Company  1570 Rivergate Dr  Address  Jacksonville, FL 32223  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)								
The enclosed Articles of Amendment and fee are su	bmitted for filing.	,							
Please return all correspondence concerning this ma	atter to the following:								
Wesley Lagares de Faria									
	Name of Contact Person								
	Fantastic Flooring Inc.								
	Firm/ Company								
1570 Rivergate Dr									
	Address								
	Jacksonville, FL 32223	·							
	City/ State and Zip Code								
•									
F-mail address: (to be u	ised for future annual report r	notification)							
<b>D</b> 002 000 (10 00 0									
For further information concerning this matter, ples	ase call:								
Wesley Lagares de Faria	at (	868-8967							
Name of Contact Person	Area Coo	e & Daytime Telephone Number							
Enclosed is a check for the following amount made	e payable to the Florida Depa	rtment of State:							
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)							
Mailing Address	Street	Address							
Amendment Section									
Division of Corporations	Wesley Lagares de Faria								
P.O. Box 6327		_							

Tallahassee, FL 32303

Articles of Amendment to

(((H21000086310 3))) 1

Articles of Incorporation

	of		5	
•	FANTASTIC FLO	OORING INC		
(Name of	Corporation as currently	filed with the Florida Dep	t. of State)	
P19000048358				
,	(Document Number of	Corporation (if known)		•
Pursuant to the provisions of section 607.1	006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following ame	ndment(s) t
ts Articles of Incorporation:				
A. If amending name, enter the new na-	ne of the corporation:			•
SANCLER FLOORING INC			The	new
name must be distinguishable and contain a "Inc.," or Co.," or the designation "Co "chartered." "professional association,"	orp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation r 1570 RIVERGATE DR JAC	rame must contain the	orp.," word
B. Enter new principal office address, i	Tapplicable:			<del></del>
(Principal office address MUST BE A ST	REET ADDRESS )	<u> </u>	· ·	<del></del> .
	•			
C. Enter new mailing address, if applied	cable:	1570 RIVERGATE DR JAC	KSONVILLE, FL 32223	· · ·
(Mailing address MAY BE A POST (	PPICE BUX		1 7 6	
			<u> </u>	
				T start
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the ne	ime of the	
new registered agent and/or the nev	v registered office address WESLEY LAGARES DE	<u> </u>		
Name of New Registered Agent	1570 RIVERGATE DR			•
	/Florida str	reet address)	·	· ,
	JACKSONVILLE		32223 Florida	
New Registered Office Address:		(City)	(Zip Code	)
	•	•		
New Registered Agent's Signature, If c I hereby accept the appointment as regist	hanging Registered Agent ered agent. I am familiar	ts with and accept the obligation	ons of the position.	
	la	1	· · · ·	
Check if applicable  The amendment(s) is/arc being filed p		Registered Agent, If changing		·

Remove

Add-Remove

6) \_\_\_ Change

(((H21000086310 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. Example: PT. John Doc X Change <u>v</u> Mile Jones X Remove ·SV Sally Smith \_X Add Address Title Name Type of Action (Check One) 1) \_\_\_\_ Change Add \_\_ Remove 2) \_\_\_\_ Change Add Remove Change Add Remove ... 4) \_\_\_\_ Change Add Remove 5) \_\_\_\_ Change Add

f amending or adding additional Articles, enter change(s) bere:  Auach additional sheets, if necessary). (Be specific)	(((H21000086310 3)))		
		<u></u>	
		-	
		<u> </u>	
		<del></del>	
	·······		
		<b>-</b> .	
		·	
	<u> </u>	_	
•			
a salar ite for a makeran reclassification or fi	ancellation of issued shares.	. •	
if an amendment provides for an exchange, reclassification, or coprovisions for implementing the amendment if not contained in	the amendment itself:		
(if not applicable, indicate N/A)			

(((H21000086310 3) 12/31/2020 The date of each amendment(s) adoption: date this document was signed. 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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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-02/19/2021 Signature (By a director, picardent 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) WESLEY LAGARES DE FARIA (Typed or printed name of person signing)