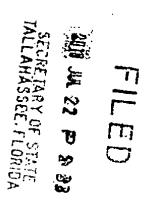
P190000 55478

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SKIPS FLOORIN	G & MORE INC		
DOCUMENT NUM	BER: P19000055478			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	PATTI MOSCOW			
	·	Name of Contact Persor	1	
	JAMES ALLEN TAX & ACCOUNTING			
		Firm/ Company		
	2108 E. EDGEWOOD DRIVE			
		Address		
	LAKELAND, FLORIDA 33	803		
		City/ State and Zip Cod-	e	
PMC	SCOW@GMAIL.COM			
	•	sed for future annual report	notification)	
		·		
For further informatio	n concerning this matter, pleas	se call:		
KATHERINE DOBS	ON	863 at (712-1805	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	or 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)	
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division 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

SKIPS FLOORING & MORE INC

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	•		-	1 1
	1	L.,	1	_
	•		-	_

(Name of Corporation as currently f	iled with the Florida Dept. of State)
P19000055478	1111 Jul. 22 P 2-33
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation allowing 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 "Coword "chartered," "professional association," or the abbreviation "P.,	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	, Florida
New Registered Office Hadress.	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar with	n and accept the obligations of the position.
Signature of New Reg	istered 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>174</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	KATHERINE SECRIST DOBSON	6542 SHADOW COURT
X Add			LAKELAND, FL. 33813
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additiona	dding additional Articles, enter change(s) here: I sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
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If an amendmen	t provides for an exchange, reclassification, or cancellation of issued shares,
provisions for i	mplementing the amendment if not contained in the amendment itself: cable, indicate N/A)
	HARES WILL BE ISSUED TO KATHERINE SECRIST DOBSON OUT OF THE 1000 SHARES
PERCENT OF S	
F COMPANY ST	OCK.

	7/18/2019	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
	8/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the aufficient for approval.	amendment(s)
	proved by the shareholders through voting groups. <i>The follo</i> reach voting group entitled to vote separately on the amenda	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. □ The amendment(s) was/were ad	opted by the board of directors without shareholder action an opted by the incorporators without shareholder action and shareholder action a	
action was not required.		
7/18/2019		
Dated		
Signature	Carmond Sorrst	
g.,	irector, president or other officer – if directors or officers ha	ve not been
	ed, by an incorporator – if in the hands of a receiver, trustee,	
	nted fiduciary by that fiduciary)	
	RAYMOND SECRIST	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	.

. . . .