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(((H21000076633 3)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN FLOOR ZONE INC

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February 25, 2021

## FLORIDA DEPARTMENT OF STATE Division of Corporations

FLOOR ZONE INC 2301 W SAMPLE RD BLDG 2 STE 201 POMPANO BEACH, FL 33073

SUBJECT: FLOOR ZONE INC

REF: P21000014910

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE FORM SUBMITTED IS USED TO BECOME A BENEFIT CORPORATION OR SOCIAL PURPOSE CORPORATION. PLEASE COMPLETE EITHER PAGE 3 OR 4 OF THE FORM IN ORDER TO CHOOSE WHICH ONE YOU WOULD LIKE TO FILE AS. IF YOU DO NOT CHOOSE TO BECOME A BENEFIT OR SOCIAL PURPOSE CORPORATION, YOU ARE FILING THE WRONG FORM. IN ORDER TO FIND THE CORRECT FORM NEEDED TO CHANGE THE NAME OF THE CORPORATION, YOU WILL NEED TO GO TO SUNBIZ.ORG AND CLICK-ON FORMS AND FEES THEN CLICK FLORIDA CORPORATIONS, THEN THE FORM NEEDED WILL BE THE SECOND FORM FROM THE TOP WHICH WILL BE ARTICLES OF AMENDMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell FAX Aud. #: B21000076633

Regulatory Specialist II Supervisor Letter Number: 621A00004234

## Articles of Amendment to Articles of Incorporation of

FLOOR ZON	<b>世 INC</b>		
	(Name of Corporation as currently filed with the Florida Dept. of State)		
P2100001491	q		
	(Document Number of Corporation (if known)		
	provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the followin Incorporation:	g amendme	πt(s) το
A. If amendi	ing name, enter the new name of the corporation:		
FLOORS ZO	NE INC	_The new	,
"Inc.," or Co	distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain professional association," or the abbreviation "P.A."	on "Corp.," in the word	ľ
	principal office address, if applicable:		
(Principul of)	nce address MUST BE A STREET ADDRESS )		
		/* 213	
C. Enter ne	w mailing address, if applicable:  address MAY BE A POST OFFICE BOX)		
(terminal)	MAT BE AT ONE OTTOGRAPHY	5	
		-	,
		AH III:	ream
D. Hamandi	ing the registered agent and/or registered office address in Florida, enter the name of the	<del></del>	Vis.ed.
new regis	sered agent and/or the new registered office address:	00	
Nam	e of New Registered Agent	_	
133211			
	(Florida street address)	_	
37	Revistered Office Address: Florida, Florida		
New	Registered Office Address: (Clty) (Zip	Code)	
New Registe	red Agent's Signature, if changing Registered Agent; It the appointment as registered agent. I am familiar with and accept the obligations of the position.		
1 nereby acce	nt the appointment as registered agent. I am jumitar with and accept the obligations of the position.		
		_	
	Signature of New Registered Agent, if changing		
Check if app	) plicable		
	dment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

2) \_\_\_\_ Change

\_\_\_\_ Add

4) \_\_\_\_ Change \_\_\_\_ Add

\_\_\_\_ Remove

5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Rempve

6) \_\_\_\_ Change

\_ Add

\_ Remove

Remove
3) \_\_\_\_ Change

address of each (Attach additional Please note the of P - President; I Executive Office President, Treas Changes should a change, Mike.	Officer and/or D al sheets, if necess officer/director title V= Vice President r: CFO = Chief Fi urer, Director woth be noted in the followers leaves the co	irector being added: ary) c by the first letter of the c ; T = Treasurer; S = Secre inancial Officer. If an office uld be PTD.	ffice title: tary; D= Director; TR= Trustee, ter/director holds more than one t v John Doe is listed as the PST a	or being removed and title, name, and  : C = Chairman or Clerk; CEO = Chief itle, list the first letter of each office held.  Ind Mike Jones is listed as the V. There is the noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe		
X Remove	$\underline{v}$	Mike lones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Ad	deess
l) Change	·			
Add				
Remov	ve			<u> </u>

Attach addii	or adding additional Articles, enter change(s) here: ipnal sheets, if necessary). (Be specific)
_	
(f an amen provision:	dment provides for an exchange, reclassification, or cancellation of issued shares. For implementing the amendment if not contained in the amendment itself:
(if not	applicable, indicate N/A)

Mr. dota of	each amendment(s) adoption: if other than t
late this do	rument was signed.
Effective d	te if applicable:  (no more than 90 days after amendment file date)
Note: If th locument's	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t effective date on the Department of State's records.
Adoption t	(CHECK ONE)
	ndment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder as not required.
The ame by the s	naiment(s) was were adopted by the shareholders. The number of votes east for the amendment(s) hareholders was were sufficient for approval.
The sine	indiment(s) was/were approved by the shareholders through voting groups. The following statement separately provided for each voting group entitled to vote separately on the amendment(s):
7	he number of votes east for the amendment(s) was/were sufficient for approval
by	(voting group)
	Signature  (By 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)  YANIV ZAH  (Typed or printed name of person signing)
	Title of person signing)
	(11th d) heaves should