# P93000080311

(Re	equestor's Name)	
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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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DIVISION OF CORPORATIONS

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### CVIEW NEW ARM

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: Troy Pau	ine Rostoration 2 1	Merios, Inc.
DOCUMENT NU	mber: <u>P93000</u> 0	080311	
The enclosed Artic	les of Amendment and fee are	e submitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:	
	NIKK - Na	the of Contact Person	<del></del>
-	TPRI	Firm/ Company	<del></del>
		<u> </u>	
		Address	
	St Pete, Ft.	33733 by/ State and Zip Code	The state of the s
	E-mail address: (to be used	N fo . D Ca Q G MOL Tor future annual report notification)	il.com
For further informs	ation concerning this matter, p	please call: at ( 127 ) 623 -	3155
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a check	c for the following amount ma	ade payable to the Florida Depart	ment 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)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

October 7, 2011

TROY PAYNE RESTORATION & INTERIORS, INC. P.O. BOX 15489 ST. PETERSBURG, FL 33733

SUBJECT: TROY PAYNE RESTORATION & INTERIORS, INC.

Ref. Number: P93000080311

We have received your document for TROY PAYNE RESTORATION & INTERIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

PHOTO COPIES OF SIGNATURES ARE NOT ACCEPTABLE.

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) 245-6964.

irene Albritton Regulatory Specialist II

Letter Number: 311A00023082

#### ALCERA DI ARRIGINA

to

# **Articles of Incorporation**

of

Name of Corporation as curren	oranon elr	iteriors Inc. (R	estoration
(Name of Corporation as curren	atly filed with the Florid	a Dept. of State)	KLEIN
P9300060311			
(Document Numl	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain th			The new
abbreviation "Corp.," "Inc.," or Co.," or the chame must contain the word "chartered," "profits.  B. Enter new principal office address, if application office address.	essional association," or icable:	c," or "Co". A professional the abbreviation "P.A."	corporation 
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFIC  D. If amending the registered agent and/or re-		n Florida, enter the name of	SECRETARY OF SORISION OF CORE
new registered agent and/or the new regist	ered office address:	a Fromus, enter the bame of	ORPORAT
Name of New Registered Agent:			NIE NITIONS
New Registered Office Address:	(Florida street d	address)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing thereby accept the appointment as registered ag	ent. I am familiar with a		re position.
Sia	mature of New Registers	d Agent if champing	

# removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
D.	Dorman T Paymen	1950 Central Pive Strick, n. 33112	Add Remove
D	Jean Payne	1950 central Ave St Pete, fi 33/150	Add
<del></del>			Add Remove
	ding or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets)		
provisi	mendment provides for an exchange, reconstant for implementing the amendment if the applicable, indicate N/A)	assification, or cancellation of iss not contained in the amendment	wed shares. itself:
	·		

	10/3/11
Effective date if applicables	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHRCK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed 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
by	••
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Deted	10/3/11 JOS Dorma Sun 5/
sei	y a director, president or other officer if directors or officers have not been ected, by an incorporator — if in the hands or a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)