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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	Architectu	ıral Interiors, Inco	rporated
DOCUMENT N	JMBER:		P94000015583	3
The enclosed Artic	cles of Amendment a	and fee are submitt	ed for filing.	
Please return all co	orrespondence concer	rning this matter to	the following:	
		Tonya (
	Δr	chitactural Intorio	ors, Incorporated	
		Firm/ Co		
		P.O. Bo		
		Winter Park,	FI 32790	
		City/ State an		
	E-mail address: (kimn@adgusa (to be used for future	a.org annual report notification)	
For further inform	ation concerning this	matter, please cal	l :	2
Name	Tonya Cronin of Contact Person	at (_	Area Code & Daytime To	6A8-1015 elephone Number
Enclosed is a chec	k for the following ar	mount made payal	ole to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	S43.75 Filing Fee Certificate of Sta	tus Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Ame Divis Clifto 2661	et Address Indment Section Ission of Corporations In Building Executive Center Circ Indianal Section 12 (1988)	cle

Articles of Amendment to Articles of Incorporation

	of	10 LED
Architectural I	nteriors, Incorporate	10 JUL -7 PH 4: 23
(Name of Corporation as curre	ently filed with the Florida	Dept. of State)
Architectural I (Name of Corporation as curre P94	000015583	WILLIAM SSEE STAN
(Document Nun	nber of Corporation (if know	vn) LORIDA
rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts the follo
If amending name, enter the new name of	f the corporation:	
ne must be distinguishable and contain	·····	The new
ne must contain the word "chartered," "pro Enter new principal office address, if app incipal office address MUST BE A STREE	olicable:	ne abbreviation "P.A."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	ldress)
		, Florida
	(City)	(Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP/S	lan A. Reeves	1700 Sunset Drive Winter Park, FL 32789	
	ding or adding additional Article dditional sheets, if necessary). (1		
provisio		nge, reclassification, or cancellation of ment if not contained in the amendm	

The date of each amendmen	t(s) adoption: <u>U6/24/2010</u>
Effective date <u>if applicable</u> :	06/24/2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated 06/2	24/2010 Lea J. Lewes —— y a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	Sara W. Reeves
	(Typed or printed name of person signing)
	President / Treasurer
	(Title of person signing)