## P94000021352

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C. LEWIS
FEB 11 2014
EXAMINER

## **COVER LETTER**

TO: Amendm Division	ent Section of Corporations		
NAME OF C	ORPORATION: Kelsie's UI	trasonic Blind C	leaning INC
	NUMBER: P9400002135		
	Articles of Amendment and fee are su		
	Il correspondence concerning this ma	-	
	Nicole Wright		
	THOOIS THISIL	Name of Contact Perso	on
	Kelsie's Blinds	Į.	
	0.00.00	Firm/ Company	1000
	2464 West State		1028
	Oviedo FI 32765	Address	
		City/ State and Zip Coc	le
	Nicole@kelsiesblind	s.com	
· .		sed for future annual report	notification)
For further info	ormation concerning this matter, pleas	se call:	
Nicole W	/right,	at (407	977-0827  ode & Daytime Telephone Number
<u> </u>	Name of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a c	heck for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing	Fee S43.75 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 P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address  Idment Section on of Corporations on Building Executive Center Circle assee, FL 32301

APPROVED / ND F1 ED

## Articles of Amendment to Articles of Incorporation

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SECRETARY OF STATE

Kelsie's Ultrasonic Blind	Cleaning Inc.		_
(Name of Corporation as P94000021352	currently filed with the Flo	rida Dept. of State)	
	nt Number of Corporation (if k	inown)	_
,	• •	orida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
Kelsie's Blinds Inc.			The new
name must be distinguishable and con- "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or, "Co	" "company," or "incorporated" or the a o". A professional corporation name must A."	bbreviation
		NA	
B. Enter new principal office address, (Principal office address MUST BE A S	n applicable: TREET ADDRESS )		_
			_
		· .	<del>-</del>
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	cable: OFFICE BOX)	NA	_
			_
D. If amending the registered agent an new registered agent and/or the new		s in Florida, enter the name of the	-
Name of New Registered Agent	NA		
	(Florida stree		
New Registered Office Address:	NA	, Florida NA	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: vered agent. I am familiar wit	th and accept the obligations of the position.	
Si	gnature of New Registered Ag	ent, 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 <math>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>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NA	
Add Add			
Remove			
2) Change		NA	
Add			
Remove		NIA	
3) Change		NA NA	<u> </u>
Add			
4) Change		NA	
Add			
Remove	•		
5) Change		NA	
Add			
Remove			
6) Change		na	
Add			
Remove			•

	y). (Be specific)	
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***************************************		
•		
	<del> </del>	
- 0		
÷	values realized fluction or concellation of issued shares	
If an amendment provides for an exprovisions for implementing the ar	xchange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:	
: If an amendment provides for an ex	mendment if not contained in the amendment itself:	
If an amendment provides for an ex provisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
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APPROVEL / ND F ED

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The date of each amendment(s) adoption:	crope TADY OF SIAIL	, if other than the
date this document was signed.	CEOPETARY OF STATE	<del></del> -
Effective date if applicable: 2-5-14		
n n n n n n n n n n n n n n n n n n n	(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 2-4-14		
Signature Nicole Wrig	ht	<u> </u>
(By a director, p selected, by an	oresident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
Nicole	Wright	
<del></del>	(Typed or printed name of person signing)	<del></del>
Secre	ctary	
<del></del>	(Title of person signing)	<del></del>