## P950000550

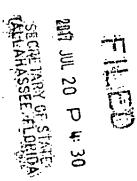
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
}				

Office Use Only



500301591695

97/20/17--01012--018 \*\*35.00



JUL 2 6 2017



## COVER LETTER

. .

Tallahassee, FL 32301

 $A_{\mu}$ 

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: ANTHONY'S CABINE	•				
DOCUMENT NUMBER: <u>PO)5 00000 55</u>	Ø				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
ANTHOM CASTOR Name of Contact	Person				
ANTHOMY'S CABINETS &	any ODWOKKS				
5080-91 AVE. N.					
PINEUAS PARK E	L 33782				
ANTIL WALLS	a GMAII COM				
E-mail address: (to be used for future annual					
For further information concerning this matter, please call:					
ANTHONY CASTORINA at 7	27, 463-3405				
	rea Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Floric	  a Department of State: 				
\$35 Filing Fee	Certificate of Status				
	Street Address Amendment Section				
	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

## Articles of Amendment

to

## Articles of Incorporation

of .	
ANTHONY'S CABINETS & WOOD	WORKS
(Name of Corporation as currently file	ed with the Florida Dept. of State)
(Document Number of Co	rporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following 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 "Co" word "chartered," "professional $a$ ssociation," or the abbreviation "P.A	The new "company," or "incorporated" or the abbreviation  A professional corporation name must contain the "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5080-91 AVE. N. PINELLAS PARK, FL 33782
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the
Name of New Registered Agent	
(Florida street o	(dress)
New Registered Office Address: (Cit	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
Signature of New Regi.	stered Agent, if changing

address of each Officer (Attach additional sheets Please note the officer/di P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	and/or E , if neces, rector tit, Presiden = Chief er, Direct I in the fo	Director be sary)  le by the fit; T= Trea  Financial or would be surporation or more to the same the s	eing added:  rst letter of the of  surer; S= Secret  Officer. If an off  oe PTD.  anner. Currently  n, Sally Smith is t	ffice title: tary; D= Di ficer/directo John Doe i	rector: TR= 7 r holds more s listed as the	Value of the control
Example: X_Change	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sn	<u>iith</u>			
Type of Action (Check One)	<u>Title</u>		Name		i	<u>Addres</u> s
1) Change	_P_	_	DEVIN (	ASTOR	INY_	5080-91 AVE. N.
X Add						PINELLAS PARK, FC
Remove						33782
2) X Change	$\overline{\vee}$	_ <del>_</del>	ANTHO	ny Cas	TORINA	5080 - 9LAVE. N.
Add						PINELLAS PARK FL.
Remove						33782
3) Change	<del></del>	_			<u> </u>	
Add						
Remove						
4) Change		_		<del></del>	 	
Add						
Remove						
5) Change		_			<u> </u>	
Add						
Remove						
6) Change		_			1	
Add						<del> </del>
Remove						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 c	lays after amendment file date)
Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	ole statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	umber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors with action was not required.	ithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators withou action was not required.	nt shareholder action and shareholder
Dated <u>JULY 17, 2017</u>	
Signature Mthany Co	storina
(By a director, president or other officer	
· · · · · · · · · · · · · · · · · · ·	ands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
ANTHONY (	CASTORINA
(Typed or printed nar	me of person signing)
p (VP)	
(Title of	person signing)