P96000079396

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Amend Thewi 12-2-09

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Custom Floorp & More, Inc.				
DOCUMENT NUMBER: <u>P96∞0079396</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Ynthia V. Gowdy Name of Contact Person				
Custom Floorp & More Inc.				
P.o Box 718 Address				
Clawfor Dville Horus 32326 City/State and Zip Code				
Custom Floors In a Q aol. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (850) 251-5902 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
□\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

	01	FILED
Custom Hoon	rrently filed with the Florida Dept.	2000 000
	_	A 11:
<u> </u>	Jumber of Corporation (if known)	SECRETARY OF STATE
•	006, Florida Statutes, this Florida	Profit Corporation adopts the following
If amending name, enter the new name	e of the corporation:	
		The new
Enter new principal office address, if a incipal office address MUST BE A STR. Enter new mailing address, if applical (Mailing address MAY BE A POST OF) If amending the registered agent and/onew registered agent and/or the new registered agent and/or t	ble: FICE BOX or registered office address in Flori	da, enter the name of the
Name of New Registered Agent:	egistered office address.	
New Registered Office Address:	(Florida street address,	
		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if char ereby accept the appointment as registere		ept the obligations of the position.

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>	Address	Type of Action
VP_	JACOB D. Gowdy	458 Iran Chuech Crawfordune, Fl. 393	. Ran Add ☐ Remove
<u> </u>		***************************************	

	ling or adding additional Articles, enter additional sheets, if necessary). (Be spec		
provisio	nendment provides for an exchange, recons for implementing the amendment if of applicable, indicate N/A)		

The date of each amendme	
Effective date if applicable	(date of adoption is required)
Effective date it appreciate	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
• •	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	15
	(voting group)
The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated	12/02/09
Signature	Cynyl Souce
S	By a director, president or other officer if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	Prosident
	(Title of person signing)