## P97000 039 565

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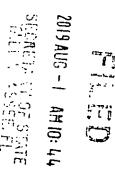


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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPOR	ATION: One Stop Carpet	Shop, Inc.	
DOCUMENT NUMB	59-3446629		<u></u>
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
	Raymond Secrist		
		Name of Contact Person	
	One Stop Carpet, Inc.		
•	· ·	Firm/ Company	
	8095 Alturas Babson Park	/ Cut Off Road	
-		Address	
	Bartow, FL 33830		
-		City/ State and Zip Code	
skipse	ecrist@gmail.com		,
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Raymond Secrist		863 at (	670-7863
Name o	f Contact Person	Area Cod	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:
□ \$35 Filing Fee	□\$43.75 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		Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

One Stop Carpet Shop, Inc.				
(Name of C	orporation as currently	filed with the Florida Dept. of State)		
59-3446629				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F	Florida Profit Corporation adopts the following	ng ameno	lment(s) to
A. If amending name, enter the new name	of the corporation:			
			The i	new
	n "Corp," "Inc," or "C	," "company," or "incorporated" or the a Co". A professional corporation name must P.A."		
B. Enter new principal office address, if a	pplicable:	<u></u>	20	_
(Principal office address MUST BE A STRE	EET ADDRESS )	5-4 (1-2) 	19 A	12 tota
			<del></del>	— Y 4
			. 1	_ ;
C. Enter new mailing address, if applicab			·	1 5 5
(Mailing address MAY BE A POST OFF	FICE BOX)		_ਛੂ	- Ç
		<u></u>	<u> </u>	<u> </u>
		111	•	
D 16 17 11 11 11 11 11				_
<ul> <li>If amending the registered agent and/or new registered agent and/or the new re</li> </ul>		iss in Florida, enter the name of the		
	ymond Secrist			
	95 Alturas Babson Par	k / Cut Off Poad	_	
<del></del>	(Florida stree		_	
Bar	rtow	33830		
New Registered Office Address:	<del></del>	, Florida	Code)	_
	,	(injury)	O. a.c.	
New Registered Agent's Signature, if chang	ging Registered Agent:			
I hereby accept the appointment as registered	l agent. I am familiar wi	ith and accept the obligations of the position.		
R	1 2 -	7		
//	Signature of New Re	gistered 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)

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 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.

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	D	Lori Secrist	2621 Handley Blvd.
Add			Lakeland FL
X Remove			33803
2) Change			
Add			
Remove			
3) Change			<del></del>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			•-
Remove			
6) Change	<del></del>	_	
Add			
Remove			

Attach additional sheets, if necessary	rticles, enter change(s ). (Be specific)			
742 /	<del></del> -			
		·		
<u> </u>				
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-		-		
an amendment provides for an ex	change, reclassificatio	n. or cancellation	of issued shares.	
provisions for implementing the a	nendment if not conta	ined in the amend	ment itself:	
(if not applicable, indicate N/A)				
·				
	<del></del>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	πt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	F
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
07-31-2019	
Dated	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Raymond Secrist	
(Typed or printed name of person signing)	<del></del>
Director	
(Title of person signing)	<del></del>