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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ARCHITECTURA	L CABINETRY & FURNI	TURE MFG., INC.
DOCUMENT NUME	P97000062528		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	GREG MAGGARD		
		Name of Contact Person	
	ARCHITECTURAL CABIN	ETRY & FURNITURE MF	G., INC.
	<u>.</u>	Firm/ Company	 -
	790 BIG TREE DR	, ,	
		Address	
	LONGWOOD, FL 32750		
		City/ State and Zip Code	
INFO	@PANELBED.COM		
_	E-mail address: (to be us	sed for future annual report r	notification)
For further information	n concerning this matter, pleas	se call:	
GREG MAGGARD		at (331-0600
Name (of Contact Person		e & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depar	tment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARCHITECTURAL CABINETRY & FURNITURE MFG., INC.

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P97000062528	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	rporation:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable	
(Principal office address <u>MUST BE A STREET ADD</u>	DRESS)
	75 12
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
Nach Date of the Control of the Cont	the state of the s
New Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	Istered Agent: I am familiar with and accept the obligations of the position.
Sign	ature 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)

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.

Example: X Change	<u>РТ</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		 ,,	
Remove			
Kemove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

(Attach additional sheets, if nec	onal Articles, enter change(s) here: cessary). (Be specific)
	<u> </u>
•	
	
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provisions for implementing (if not applicable, indicate	or an exchange, reclassification, or cancellation of issued shares, gethe amendment if not contained in the amendment itself: te N/A) of the shareholders, Peggy Maggard has transferred her 25% interest in said corporation
٠.	I, such that the extant ownership held by the respective shareholders is now recited as
· · · · · · · · · · · · · · · · · · ·	harles Venzke (25%) and Sue Venske (25%).
	Section "F"
	- Whis Sticky Note
	Mis Sticky Note Is to Let you KNOW what was
	VNOW what was:

The date of each amendment(s) adoption:	, if other than if
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 document's effective date on the Department of State's records.	date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"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.	lder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
December 17, 2018	
Mallark	
Signature (By a director, president or other other – if directors or officers have not be	
selected, by an incorporator hif in the hands of a receiver, trustee, or other c	ourt
appointed fiduciary by that fiduciary)	
Greg Maggard	
(Typed or printed name of person signing)	
President	
(Title of person signing)	