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(Bu	siness Entity Name)	<del></del>	
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And

R. WHITE FEB 1 6 2018





January 30, 2018

MARK R MANCERI ESQ 1600 S FEDERAL HWY STE 900 POMPANO BEACH, FL 33062

SUBJECT: EXCLUSIVE DRYWALL & FINISHING, INC.

Ref. Number: P97000106825

We have received your document for EXCLUSIVE DRYWALL & FINISHING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 718A00001978

Rebekah White Regulatory Specialist II

TEB IS PR 2:53

## Mark R. Manceri, P.A.

ATTORNEY AND COUNSELOR AT LAW 1600 SOUTH FEDERAL HIGHWAY - SUITE 900 POMPANO BEACH, FLORIDA 33062

- MARK R. MANCERI



FLORIDA BAR BOARD CERTIFIED WILLS, TRUSTS AND ESTATES

WEB SITE: WWW,ESTATEPROBATELITIGATION.COM

TELEPHONE (954) 491-7099 FACSIMILE (954) 771-0545

January 16, 2018

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Exclusive Drywall & Finishing, Inc./Document Number: P97000106825

Dear Sir or Madam:

In furtherance of your instructions, enclosed are the following:

- 1. Cover Letter.
- 2. Articles of Amendment to Articles of Incorporation.
- 3. Mark R. Manceri, Esq., P.A. Check dated January 16, 2018 in the amount of \$43.75 payable to the Florida Department of State representing the filing fee for the Articles of Amendment.

Should you have any questions, concerns or comments regarding the foregoing, please do not hesitate to contact me.

Yours truly,

Mark R. Manceri, Esq.

MRM/mmp Enclosures

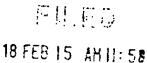
cc: Victoria Graef (w/enclos.)

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	ORATION: EXCLUSIVE DRY	WALL & FINISHING, IN	C.
	IBER: P97000106825		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	MARK R. MANCERI,ESQ.		
		Name of Contact Persor	1
	MARK R. MANCERI,P.A.		
		Firn/ Company	
	1600 SOUTH FEDERAL HI	GHWAY - SUITE 900	
		Address	
	POMPANO BEACH, FLOR	IDA 33062	
		City/ State and Zip Code	e
MF	RMLAW@COMCAST.NET		
<u></u>	<del>-</del>	sed for future annual report	notification)
		F	,
For further informat	tion concerning this matter, pleas	se call:	
MARK R. MANCE	ERI, ESQ.	954	491-70 <del>99</del>
Nam	ne of Contact Person	at ( Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtment 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)
A D P	Tailing Address Imendment Section Division of Corporations I.O. Box 6327 Callahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Innent Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment Articles of Incorporation



, Florida 33062

EXCLUSIVE DRYWALL & FINISHING	G, INC.	AND SECULIAR AND THE SECULIAR AND ADDRESS OF THE SECULIAR
(Name o	f Corporation as currer	tly filed with the Florida Dept. of State)
P97000106825		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa-	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
P. Enter new principal office address	f applicable:	3040 N.E. 43RD STREET
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FLORIDA 33308
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		P.O. BOX 480143
	<del> </del>	FORT LAUDERDALE, FLORIDA 33348
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	MARK R. MANCERI.	
	1600 SOUTH FEDERA	L HIGHWAY - SUITE 900
	(Florida	street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

POMPANO BEACH, FLORIDA

Signature of New Registered Agent, if changing

(Ci(y))

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>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PVTSD	VICTORIA GRAEF	3040 N.E. 43RD STREET
X Add			FORT LAUDERDALE, FLORIDA
Remove			33308
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)				
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	- <u>-</u>				
f an amendment provides for an excl	hangu raclassific	ution or cancellati	an of iccued cha	rac	
provisions for implementing the ame	endment if not con	ntained in the ame	ndment itself:	1431	
(if not applicable, indicate N/A)					
			<del></del>		
			<del></del>		
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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 days after amendment file date)	
(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 date widocument's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature — January Stack  (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)	
VICTORIA GRAEF	
(Typed or printed name of person signing)	
SUCCESSOR PERSONAL REPRESENTATIVE	

(Title of person signing)