POULUO 7498/





. 06/17/10-01024--024 ***43.79

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CABINET	DESIGN STUDIO, INC.
DOCUMENT NUMBER: P0600007	4981
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m GARY PACKARI Name	
CABINET DESIGN	STUDIO, Tuc.
787 COMMERCE	
	Address
CABINET DESIGNSTUDIO E-mail address: (to be used for	State and Zip Code COMCAST, NET r future annual report notification)
For further information concerning this matter, please of Contact Person	ase call: at (941) 488-84/3 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

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	Articles of Amendmen	t i	
	to		•
•	Articles of Incorporatio of	n .	· · · · · · · · · · · · · · · · · · ·
	_		Elle St.
	ESIGN STUDIO		My My All
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
	00074981	1	14
(Document Nun	nber of Corporation (if kno	wn)	
ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation	adopts the following
If amending name, enter the new name o	f the corporation:	- + ·	
ma must ha distinguishable and acutain	the word "assessmention"	"aomnamy" on "linearm	The new
me must be distinguishable and contain breviation "Corp.," "Inc.," or Co.," or the			
me must contain the word "chartered," "pro	fessional association," or	the abbreviation "P.A."	F
Enter new principal office address, if app	licable:		
rincipal office address MUST BE A STREE		 	
		•	
	•		
Enter new mailing address, if applicable		ı	
(Mailing address MAY BE A POST OFFI	<u>LE BOX</u>)		. i
			·····
	=	· · · · · · · · · · · · · · · · · · ·	
If amending the registered agent and/or a	registered office address i	n Florida, enter the nam	e of the
new registered agent and/or the new regi		•	
Name of New Registered Agent:		; ;	
rame by tver negative ingen.		*	
a tom	(F)		
New Registered Office Address:	(Florida street a	ddress)	
		, Florida_	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changi	ng Registered Agent.		
ereby accept the appointment as registered a		nd accept the obligations	of the position.
	-		
	Signature of New Registered	1 4	

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>	<u>Address</u>	Type of Action
		Add Remove	
		☐ Add ☐ Remove	
			☐ Add ☐ Remove
	ng or adding additional Articles, ditional sheets, if necessary). (Be		
_ART	CLE IV - AMEN	050 AS FOLLOWS	S :
	MAXIMUM NUMBER	O DE SUDDIE DE S	acu Tua Tuc
_	RATION IS AUTHORIZE		
DNE T	TIME IS 10,000 SH	ARKS OF COMMON	STOCK HAVING
41.00	PAR VALUE PER SI	YARE.	
provision	endment provides for an exchang as for implementing the amendm applicable, indicate N/A)	ge, reclassification, or cancelle ent if not contained in the am	ation of issued shares, endment itself:
			1
		and the second s	
			· · · · · · · · · · · · · · · · · · ·
			

The date of each	mendment(s	adoption:	APRIL 1	2010	:	
•		_ (0	late of adoptio	n is reauired)		
Effective date if a			21,2010		·	
•	(no more than 90 da	tys after amend	dment file date)		
Adoption of Amer	adment(s)	(CHEC	K ONE)			
The amendmen by the sharehol	t(s) was/were ders was/were	adopted by the share sufficient for appr	reholders. The oval.	number of vote	s cast for the am	endment(s)
The amendmen must be separa	t(s) was/were tely provided j	approved by the sh	areholders throup entitled to v	ough voting grou vote separately o	ips. The followi in the amendmer	ng statemen it(s):
"The numb	per of votes ca	st for the amendme	nt(s) was/were	sufficient for a	proval	
by		<u> </u>	7 = 1 × 1 ± 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×			~ v+
	6	oting group)				
action was not	required. t(s) was/were	adopted by the boa				
· · I	Dated4	1/1/10				
. S	Signature	gan Pil	1			
	selecte	director, president of ed, by an incorpora nted fiduciary by th	tor – if in the h	r – if directors or nands of a receiv	r officers have n er, trustee, or ot	ot been her court
	-FF011					
		GARY			,	
		(Typed o		e of person sign	ing)	
	-		Son signing)			