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11/04/14--01022--008 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: Home	Draws Pl	us, INC
DOCUMENT NUMBER	:		
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
		Kelly FLA Name of Contact Person	isky
	No	me Draus	Plus
	3017	Firm/Company, Lake Wo	odward Dr.
		EUST S	FL 32726
	E-mail address: (to be us	City/ State and Zip Code  over Color State and Zip Code  over City/ State and Zip Code  over City/ State and Zip Code	us Quahoo .com
For further information co	ncerning this matter, pleas	e call:	
Name of C	ontact Person	at ( 358 Area Co	2) 357-0666 de & Daytime Telephone Number
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment 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	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State)

P12 000 465

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

HOME DRAWS PLUS, WC - The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or re-		da, enter the name of the
new registered agent and/or the new regist	ered office address:	
Name of New Registered Agent		
	NIA	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)

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

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

Signature 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>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	DAVIO NOAD	Address  3017 Lake Woodward Dr  Eusts Fz 3272 4
2) Change			
Remove 3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

	and the second (Day	nter change(s) here:		
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. If an amendment p	rovides for an exchange.	reclassification, or canc	ellation of issued sha	ares,
provisions for imp	provides for an exchange,			ares,
provisions for imp				ares,
provisions for imp	olementing the amendme			ares,
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The date of each amendment(s) adoption: October 30th, 2014 date this document was signed.	, if other than the
Effective date if applicable:	-
(no more than 90 days after amendment file date)	
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 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)	
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 Left Fell	
(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)	
Kelly Firasky	
(Typed or printed name of person signing)	-
owner president	<del>-</del> -
(Title of person signing)	-