D13000032316

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	:

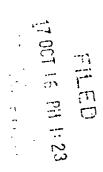
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COVER LETTER

Division of Corporations
NAME OF CORPORATION: VIP Home Improvement Specialists, INCO DOCUMENT NUMBER: P 13000032314
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Victoria Jenkins
Name of Contact Person
Vip Home Improvement Specialists, INC -
2316 Scotland Rd
Cocoa Fr 32926
City/ State and Zip Code
Viphome improvement specialists agmail. Col E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Victoria Jenkins au 321, 458-1001
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

	ncorporation of		
Vip Home Improvement		ts INC.	
(Name of Corporation as curren	tly filed with the Florida De	ept. of State)	
P120000 32211			
<u> </u>	of Corporation (if known)		
·	. , ,		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendr	nent(s) to
A. If amending name, enter the new name of the corporation:			
NA			
name must be distinguishable and contain the word "corporat	ion " "company" or "inca	The ne	
"Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or			
word "chartered," "professional association," or the abbreviation	"P.A."		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	A\/A	2	•
			- <u>- r:</u>
		<u> </u>	
C. Enter new mailing address, if applicable:		, and a second	[1]
(Mailing address MAY BE A POST OFFICE BOX)	N/A		<u> </u>
	t		
		. (A)	-
			-
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the n	ame of the	
new registered agent and/or the new registered office addre			
Name of New Registered Agent \\ \frac{\int}{A}			
The of the negistered rigent			
(blasida	treet address)	_	
(Filo age 3	areer address)		
New Registered Office Address:	(Circle	, Florida	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligation	ons of the position.	
Signature of Nave	Registered Agent, if changing		
CIGIOMATE (7) ITEM	AND THE PROPERTY OF THE PROPER	E.	

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: XChange	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	VP Clay Petruski	1050 Hampshire Ave Palm My FL NE
X Add	•	falmbay FL NE
Remove		3,905
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u> (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
NHA	
	

The date of each amendment(s) adoption:, if other than the
date this document was signed.
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 date will not be listed as the document's effective date on the Department of State's records.
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)
(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_10 13 17
Signature VICLOPACAL
(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)
<u>Victoria</u> Jenkins
(Typed or printed name of person signing)
<u> </u>
(Title of person signing)