## P11 0000 15407

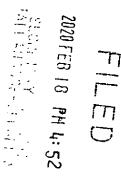
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: A BETTER   | 2 CHOICE Home INSPECTION CO   |  |  |
|---|---|--|--|
| DOCUMENT NUMBER: P//000   | 015407  |  |  |
| The enclosed Articles of Amendment and fee are subm                   | itted for tiling.   |  |  |
| Please return all correspondence concerning this matter               | to the following:   |  |  |
| (4)OV.  | 0000  |  |  |
|   | Cerko Name of Contact Person  |  |  |
|   |   |  |  |
|   | Firm/ Company   |  |  |
|   | 23 <sup>rd</sup> Place  |  |  |
|   | Address   |  |  |
| _ Cape Cora   | Address  L FL 33990  City/ State and Zip Code   |  |  |
|   |   |  |  |
| WAMNECE   | for future annual report notification)  |  |  |
| E-mail address: (to be used   | for future annual report notification)  |  |  |
| For further information concerning this matter, please of             | call:   |  |  |
| WAYNE COMA Name of Contact Person                                     | at ( Z 3 9 ) 9/0 - 798 4  Area Code & Daytime Telephone Number                          |  |  |
| Name of Contact Person  | Area Code & Daytime Telephone Number  |  |  |
| Enclosed is a check for the following amount made pay                 | vable to the Florida Department of State:   |  |  |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee  Certified Copy (Additional copy is enclosed) |  |  |
| Mailing Address   | Street Address  |  |  |
| Amendment Section Division of Corporations                            | Amendment Section Division of Corporations  |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                                | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810                              |  |  |

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation

| • | • |
|---|---|
|   |   |

| A Better Choice Hom<br>(Name of Corporation as currently   | Le INSPECTION CO                    | ) .             |               |
|--|-------------------------------------|-----------------|---------------|
| (Name of Corporation as currently  | filed with the Florida Dept. of St  | ate)            |               |
| P110000154   | 07                                  |                 |               |
| (Document Number of C  | Corporation (if known)              |                 |               |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:  | lorida Profit Corporation adopts t  | he following an | nendment(s) t |
| A. If amending name, enter the new name of the corporation:  |                                     |                 |               |
| TEHI. INC  | 2 (                                 | Th              | e new         |
| name must be distinguishable and contain the word "corporation," "co<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A<br>"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> )  | <del></del>                         |                 |               |
|  | N/A                                 | Fe              | 202           |
| C. F. A  |                                     | 上品 [            |               |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                     | - (             |               |
|  |                                     | :21,            | α !           |
|  | N/A                                 |                 |               |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:  | ss in Florida, enter the name of t  | <u>the</u> :    |               |
| Name of New Registered Agent   | Nļa                                 |                 |               |
| (Florida stree   | t address)                          |                 |               |
| New Registered Office Address:   | , Flori                             | da              |               |
|  | Zity)                               | (Zip Code       | •)            |
|  |                                     |                 |               |
| New Registered Agent's Signature, if changing Registered Agent:<br>I hereby accept the appointment as registered agent. I am familiar with   | th and accept the obligations of th | e position.     |               |
|  | ,//,                                | 7               |               |
|  | N (V                                | <u></u>         |               |
| Signature of New Reg   | gistered Agent, if changing         |                 |               |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

| X Change                      | $\underline{PT}$ | John Do     | <u>oc</u>   |      |             |                 |
|-------------------------------|------------------|-------------|-------------|------|-------------|-----------------|
| X Remove                      | <u>V</u>         | Mike Jo     | nes         |      |             |                 |
| X Add                         | <u>sv</u>        | Sally Sn    | <u>nith</u> | ,    |             |                 |
| Type of Action<br>(Check One) | <u>Title</u>     |             | <u>Name</u> | NIA  | ωc          | <u>Addres</u> s |
| 1) Change                     |                  | _           |             |      |             |                 |
| Add                           |                  |             |             |      |             |                 |
| Remove                        |                  |             |             |      |             |                 |
| 2) Change                     |                  | <u> </u>    |             |      |             | •               |
| Add                           |                  |             |             |      |             |                 |
| Remove 3 ) Change             |                  | _           |             |      |             |                 |
| Add                           |                  |             |             |      |             |                 |
| Remove                        |                  |             |             |      |             |                 |
| 4) Change                     |                  | _           |             | <br> | <del></del> |                 |
| Add                           |                  |             |             |      |             |                 |
| Remove                        |                  |             |             |      |             |                 |
| 5) Change                     |                  | _           |             |      |             | <del></del>     |
| Add                           |                  |             |             |      |             |                 |
| Remove                        |                  |             |             |      |             |                 |
| 6) Change                     |                  | <del></del> |             |      |             | <del> </del>    |
| Add                           |                  |             |             |      |             |                 |
| Remove                        |                  |             |             |      |             |                 |

|                                       |                          | _ <del></del>  |                          |
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| an amendment provides for             | an exchange, reclassific | eation, or cancellation of issued on tained in the amendment its | <u>l shares.</u><br>elf: |
| (if not applicable, indicate          | ? N/4)                   | 1  | <del></del>              |
| . <u>.</u>                            |                          |  |                          |
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| 'he date of each amendment(s) adoption:  | FEBRUARY  | 1, 2020                      | , if other than the                |
|--|---|------------------------------|------------------------------------|
| ate this document was signed.  |   |                              |                                    |
| Affective date if applicable:  | February 1  | 5, 2020                      | <del></del>                        |
|  | (no more than 90 days aft   | ter amendment file date)     |                                    |
| Note: If the date inserted in this block does<br>document's effective date on the Department |   | utory filing requirements, t | his date will not be listed as the |
| Adoption of Amendment(s)   | CHECK ONE)  |                              |                                    |
| The amendment(s) was/were adopted by a action was not required.                              | the incorporators, or board of o                                      | directors without sharehold  | er action and shareholder          |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient t                |   | of votes east for the amend  | lment(s)                           |
| The amendment(s) was/were approved by must be separately provided for each vot               |   |                              |                                    |
| "The number of votes east for the a  | mendment(s) was/were sufficient                                       | ent for approval             |                                    |
| by   |   | . <b></b>                    |                                    |
| (  | (voting group)  |                              |                                    |
| <del></del>  | 020   |                              |                                    |
| Signature _ (Way-  | e Com   |                              |                                    |
|  | resident or other officer – if di<br>incorporator – if in the hands o |                              |                                    |
|  | iary by that fiduciary)   | a receiver, trustee, or othe | er court                           |
| W  | AYDE CENDA  |                              |                                    |
| <del></del>  | Ayne Cenah<br>(Typed or printed name of p                             | person signing)              | <del> </del>                       |
| $- ho_{n}$   | esident   |                              |                                    |
|  | (Title of person signing)   | ··                           |                                    |