P02000061355

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Southern & Traditi	onal Homes, Inc.			
DOCUMENT NUM	BER: P02000061355				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Laura L. Benigni				
	Name of Contact Person				
	Southern & Traditional Homes, Inc.				
	Firm/ Company				
	P O Box 6425				
	Address				
	Brandon FL 33508				
	City/ State and Zip Code				
	laura.lee.benigni@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, pleas		787.3003		
	of Contact Person	at (787-3003 de & Daytime Telephone Number		
Name	of Confact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtiment of State:		
☐ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status ULH 43.75 282	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Southern & Traditional Homes, Inc.

	f Corporation as currently	filed with the Florida Dept.	<u>. of State</u>)
P02000061355			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1 ts Articles of Incorporation:	1006, Florida Statutes, this A	Horida Profit Corporation ad	opts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and contain	alaman and the control of the contro		The new
iame must be distinguishable and contain "Inc.," or Co.," or the designation "Co "chartered," "professional association,"	orp," "Inc," or "Co". A		
3. Enter new principal office address, i	f analicable	N/A	
Principal office address MUST BE A ST			
			
			26
			20
Enter new mailing address, if applie (Mailing address MAY BE A POST OF CONTROL OF THE PROPERTY OF THE PROPE		N/A	
	<u></u>		ω 1
		-	
			P -
If amonding the registered equations	d/ar ravietorad affica addr	age in Clouida, anton the nam	ب. مورد
 If amending the registered agent and new registered agent and/or the new 			ne of the
	N/A		
Name of New Registered Agent		P14 P1	
			
	(Florida stre	et address)	
New Registered Office Address:	N/A		Florida
	•	City)	(Zip Code)
New Registered Agent's Signature, if ch	onging Dogistored Agents		
hereby accept the appointment as registe	red agent. I am familiar w	ith and accept the obligations	of the position.
	•	•	-
110			
_N/A		gistered Agent, if changing	
r	Signature of New Re	gistered Agent, if changing	
heck 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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PST	Michael J. Benigni	P O Box 6425
Add			Brandon FL 33508
X Remove			
2) Change	PVST	Laura L. Benigni	P O Box 6425
XAdd			Brandon FL 33508
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	ry). (Be specific)			
i/A				
				
			_	
If an amendment provides for ar	exchange, reclassifica	ation, or cancellation	of issued shares,	
provisions for implementing the (if not applicable, indicate No	e amendment if not co	ntained in the amend	ment itself:	
A	71)			
			.	
				-

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	une 2, 2020	
Effective date <u>if applicable</u> :	une 2, 2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehol	lder action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
	, 2020	
sele	Haura Hauragou a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or ot pinted fiduciary by that fiduciary)	
	Laura L. Benigni	
	(Typed or printed name of person signing)	
	Vice-President	
	(Title of person signing)	