## 736009

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(Address)
(Address)
<b>,</b> ,
(City/State/Zip/Phone #)
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## COVER LETTER

TO: Amendment Section Division of Corporations

	USE NEXT DOOR, IN	C.			
736009 DOCUMENT NUMBER:					
The enclosed Articles of Amendment and				-	
Please return all correspondence concernic	ng this matter to the follo	wing:			
HENRY ESTRADA					
	(Name of C	ontact Person)	)		
THE HOUSE NEXT DOOR, INC.					
	(Firm/ C	Company)			
804 N. WOODLAND BLVD					
	(Ad	dress)			
DELAND, FL 32720					
	(City/ State	and Zip Code	)		
HESTRADA@THEHND.COM					
E-mail address:	(to be used for future ar	inual report n	otification	)	
For further information concerning this ma	atter, please call:				
HENRY ESTRADA		386 at		734-7571	
(Name of Con	tact Person)			(Daytime Telephone Number)	)
Enclosed is a check for the following amou	int made payable to the	Florida Depar	tment of S	State:	
□ \$35 Filing Fee □\$43.75 Fi Certificate		Copy al copy is	Certifi Certifi	cate of Status ed Copy ional Copy is	
Mailing Address					

Mailing 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 of

THE HOUSE NEXT DOOR, INC.

(Name of Corporation as curre	ntly filed with the Flo	rida Dept. of State)
736009		
(Document Num	ber of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	<u>tion:</u>	
		The new
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	ution" or "incorporate	d" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	')	
		2018
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		The state of the s
	<u>.</u>	عنة 
D. If amending the registered agent and/or registered off	ias address in Florida	antar the name of the
new registered agent and/or the new registered office	address:	enter the name of the
Name of New Registered Agent:		
	-	
	(F	lorida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered		
hereby accept the appointment as registered agent. I am fa	miliar with and accept	the obligations of the position.
	Signature of New Penie	toyed downt if changing
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept	the obligations of the position.  tered 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 X_Remove A_Add	<u>V</u> <u>Mi</u>	hn Doe ike Jones Hy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	MEOGHAN SISTRUNK	806 EASTOVER CIRCLE
Add			DELAND, FL 32724
Remove			
2) Change	V	PAM MASTERS	2433 S. PALMETTO AVE
XAdd			S. DAYTONA, FL 32119
Remove			
3 ) Change	S	KATHY VENICE	122 CRYSTAL OAK DRIVE
X Add			DELAND, FL 32720
Remove			
4) Change	Т	DJ LEBO	5954 KATONA DRIVE
X Add			PORT ORANGE, FL 32127
Remove			
5) Change	CEO	JENNIFER NADELKOV	1570 KEVIN LANE
X Add			DELAND, FL 32724
Remove			
6) Change	CEO	STEPHEN SALLY	5776 HEATHERMERE LANE
Add	<del></del>		PORT ORANGE, FL 32127
X Remove			····

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 X Remove X Add	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	JOSHUA MOTT	465 E 2ND AVENUE
Add			ORANGE CITY, FL 32763
X Remove			
2) Change	S	HELEN PARDEE	818 SUGAR HOUSE BLVD
Add			PORT ORANGE, FL 32129
X Remove			
3) Change	T	JAMES CARLSON	111 BEDFORD COURT
Add			DELAND, FL 32724
X Remove			
4) Change			
Add			
Remove			
5) Change			
, Add			
Remove			
6) Change			
Add			
Aud			

	eets, if necessary).	(ne specific)				
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The o	late of each amen	dment(s) adoptio	on:	_, if other than the
late t	his document was	signed.		
Effec	tive date <u>if applic</u>	able:		
			(no more than 90 days after amendment file date)	
	•		es not meet the applicable statutory filing requirements, this date will not lent of State's records.	be listed as the
Adop	otion of Amendme	ent(s)	(CHECK ONE)	
	The amendment(s) was/were sufficien		I by the members and the number of votes cast for the amendment(s)	
	There are no membadopted by the boa		ntitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	9/24/18		
	Signature	Menfort	Sistel	
	(	have not been sel	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or nted fiduciary by that fiduciary)	
		MEOGHAN S	SISTRUNK	
			(Typed or printed name of person signing)	
		PRESIDENT		
			(Title of person signing)	