## F1200003334

(i	Requestor's Name)			
(/	Address)			
	Address)			
((	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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Account#: I20000000088

Date: August 06, 2020		Accounts. 12000000000		
Name: KEN HOWEL	<u>L</u>			
Reference #: 12474	102			
Entity Name: CONSTELL	ATION HOMEBUILDER	SYSTEMS INC.		
Articles of Incorporation/Authorization to Transact Business				
Amendment				
✓ Change of Agent		ISSUES? CALL KEN:		
Reinstatement				
Conversion		518-213-0738		
Merger				
Dissolution/Withdrawal				
☐ Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:		_		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Flo n organized under the laws of the Stat r registered agent, or both, in the Stat	e of <b>Delaware</b>
1. The name of t	he corporation: CONSTEL	LATION HOMEBUILDE	R SYSTEMS INC
2. The principal	office address: No Change		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: August	t 9, 2012 Document number:	F12000003334
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on f resigned)	ile with the
	Carmi	chael, Greg	
	3639 Cortez Ro	oad West; Suite 130	207
	Bradente	on, FL 34210	
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or register	ed office 6 PH 12:
	115 North Calhour	St., Suite 4	<u> </u>
		Box NOT acceptable	
The street addre	ss of its registered office and the be identical.	street address of the business office	of its registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or been notified in writing of the change	y an officer so
/s/ Heather F	3	Heather Pruger	Secretary
I hereby accept I further agree i performance of agent. Or, if the	o comply with the provisions of i my duties, and I am familiar with	gent and agree to act in this capacity all statutes relative to the proper and h and accept the obligation of my po to reflect a change in the registered	l complete sition as registered
/s/ Tim May		8/5/2020	<del></del>
_	half of an entity:	Date	

Tim Mayville, Assistant Secretary

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*