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DATE:

08/10/22

NAME: ATLANTIX CARE CORPORATION

TYPE OF FILING: AMENDMENT

COST:

43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ent Section Division of Corporati	ons	
SUBJECT: Atlan	ntix Care Corporation		
	Name	e of Corporation	
DOCUMENT NU	MBER:		
The enclosed Ame	ndment and fee are submitted for	filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
Clifford Esher			
	Name of Contact Person		
Polsinelli PC			
	Firm/Company		
One International	Place, Suite 3900		
	Address		
Boston, MA 0211	0		
	City/State and Zip Code		
cesher@polsinelli.	com		
E-mail addre	ss: (to be used for future annual r	eport notification)	
For further informa	ition concerning this matter, pleas	se call:	
Clifford Esher		at (
Name	e of Contact Person	at ()Area Code & Daytime *	Telephone Number
Enclosed is a cheel	k for the following amount:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	S52.50 Filing Fee Certificate of Status Certified Copy

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F200000019	401		5
(D	ocument number of corporation	(if known)	
Atlantix Care Corporation			· · · · · · · · · · · · · · · · · · ·
	ion as it appears on the records of	of the Department of Stat	0 0
Delaware	3. April 2		圣
(Incorporated under laws of		(Date authorized to do bu	usiness in Florida) 🧖
	CUCTION H		<u></u>
(4-7 COM	SECTION II PLETE ONLY THE APPLICA	ABLE CHANGES)	• • •
If the amendment changes the name of the corporation? August 9, 2022	oration, when was the change eff	fected under the laws of it	is jurisdiction of
Consolidated Home Services Group, Inc.			
(Name of corporation after the amendment, add not contained in new name of the corporation)	ing suffix "corporation," "compa	any," or "incorporated," c	or appropriate abbreviation
(If new name is unavailable in Florida, enter alte	ernate corporate name adopted fo	or the purpose of transact	ing business in Florida)
. If the amendment changes the period of du	ration, indicate new period of du	ıration.	
	. (New duration)		
. If the amendment changes the jurisdiction of	of incorporation, indicate new ju	ırisdiction.	
	(New jurisdiction)		
If amending the registered agent and/or regis	stered office address in Florid:	a, enter the name of the	
new registered agent and/or the new register			
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida_	
	(City)		(Zip Code)
New Registered Agent's Signature, if changi	ing Registered Agent:		
I hereby accept the appointment as registered a	gent. I am familiar with and ac	cept the obligations of th	e position.
Signature of New Registered .	Agent, if changing		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action Title/ Capacity Name | Address Chairman Neil Flanzraich 15! Buddy St \square Add Santa Rosa Beach, FL 32459 ☑Remove Chairman Luis Fernandez 1201 Cedar St. Suite C ☑Add Safety Harbor, FL 34695 Remove CEO Kurtis Wolff 151 Buddy St □Add Santa Rosa Beach, FL 32459 Remove CEO Luis Fernandez 1201 Cedar St, Suite C ☑Add Safety Harbor, FL 34695 Remove □Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) Luis Fernandez President

FILING FEE \$35.00

(Title of person signing)

(Typed or printed name of person signing)

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF AMENDMENT OF "ATLANTIX CARE

CORPORATION", CHANGING ITS NAME FROM "ATLANTIX CARE

CORPORATION" TO "CONSOLIDATED HOME SERVICES GROUP, INC.", FILED

IN THIS OFFICE ON THE NINTH DAY OF AUGUST, A.D. 2022, AT 11:21

O'CLOCK A.M.



Authentication: 204124955

Date: 08-09-22

7838474 8100 SR# 20223212974

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION

OF

ATLANTIX CARE CORPORATION

It is hereby certified that:

- 1. The name of the corporation (hereinafter called the "Corporation") is: Atlantix Care Corporation.
- 2. The certificate of incorporation of the Corporation is hereby amended by striking out Article First thereof and by substituting in lieu of said Article the following new Article:
 - "FIRST. The name of this corporation is Consolidated Home Services Group, Inc. (the "Corporation")."
- 3. The amendment of the certificate of incorporation herein certified has been duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

Executed on 8/1/2022

Name: Luis Fernandez

Title: President