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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	House INC	
DOCUMENT NUMBER: NOOCOUGO	2534	 _
The enclosed Articles of Amendment and fee are submitted	ed for filing.	
Please return all correspondence concerning this matter to	o the following:	
Danny Heaberlin (Name of Con	ntact Person)	
Hope House (Firm/Co	ompany)	·
2302 W. Te	nnessee Str	eet
Tallahassee, Flo	orida 3230 nd Zip Code)	14
. 1	or future annual report notification	
For further information concerning this matter, please ca	ill:	
Danny Heaberlin (Name of Contact Person)	at (850) 519 - (Area Code & Daytime 7	0956 Telephone Number)
Enclosed is a check for the following amount made paya	able to the Florida Department of	State:
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate of Status	☐ \$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 Clifton Building 2661 Executive Center Ci	ŕ

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

11 NOV 22 PM 1:19

SECRETARY OF STATE TALLAHASSEL FLORIDA Hapa House Inc TALLAHAS
(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Fithe following amendment(s) to its Articles of Income.		Profit Corporation adop
A. If amending name, enter the new name of t	he corporation:	
The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)	cable: 'ADDRESS')	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	
		
D. If amending the registered agent and/or re new registered agent and/or the new regist		enter the name of the
Name of New Registered Agent:	orea office accuress.	
<u>New Registered Office Address</u> :	(Florida street address)	
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position		ccept the obligations of

the position.

Signature of New Registered 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)

Tallahass = C FC 3236 Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
E. If amending or adding additional Articles, enter change(s) here:	fres	Larry Davis	Tallohassee Fl 3230	Remove
E. If amending or adding additional Articles, enter change(s) here:	<u> D</u>	Michelle O'New	9703 Prestancia	Add Remove
	70_	LUMA DUNIAP		. 🗆 Add
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adopti	
	(date of adoption is required)
Effective date if applicable:	NUV 20, 2011
((no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members e adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
DatedNov	20, 20//
Signature	arm baves
(By the chair have not been	man of vice chairman of the board, president or other officer-if directors in selected, by an incorporator — if in the hands of a receiver, trustee, oppointed fiduciary by that fiduciary)
	LARRY DAVIS
	(Typed or printed name of person signing)
	President
	(Title of person signing)