## 10000008482

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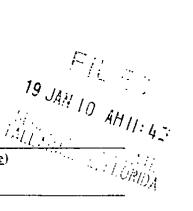
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	N:	PHOCKIX H	ouse, LNC.
DOCUMENT NUMBER: _	NO 100	0008482	• 
The enclosed Articles of Amo	endment and fee are subm	itted for filing.	
Please return all corresponder	nce concerning this matter	to the following:	
Deboral	Morgan		
		Name of Contact Perso	on)
PALM BE	TACH HARVEST IN	UC.	
		(Firm/ Company)	
46.01 5	S. FLAGLER	DRIVE	
•	<u> </u>	(Address)	
West i	PALM Beach,	FL. 33405	
	(1	City/ State and Zip Cod	le)
deborahap	a imbeach harve	ST.ORG	
E-	mail address: (to be used f	or future annual report	notification)
For further information conce	ming this matter, please ca	all:	
Deborah 1	Morgan.	at	561-310-6641
(	Name of Contact Person)		rea Code) (Daytime Telephone Number)
Enclosed is a cheek for the fo	llowing amount made pay	able to the Florida Dep	artment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	2843.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Ac			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 Phoenix Ho	nuse. INC.	MUS.	, ,
(Name of Corporation as current	ly filed with the Flor	rida Dept. of State)	· · · · · · · · · · · · · · · · · · ·
NO1000008482	_		1. UA
(Document Number	r of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not Fo</i>	or Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corporatio	on:		
RAISED ON ROCK IN	12.		TL
name must be distinguishable and contain the word "corporatio" "Company" or "Co." may not be used in the name.		I" or the abbreviation "Corp.	The new ." or "Inc."
B. Enter new principal office address, if applicable:	4601	S. FLAGLER DRI	re
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	WEST F	PALM BEACH, FL.	33405
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		S YORK ST. FL. 33401	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent:		enter the name of the	
New Registered Office Address:	(F	lorida street address)	
		, Florida	
<del>-</del>	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		the obligations of the position	n
meren, accept the apparation as registered agent. I um june	min una accept	The orangemone 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)

Please note the officer/director title by the first letter of the office title:

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	$\overline{\underline{V}}$ $\underline{\underline{Mi}}$	hn Doe ike Jones Ily Smith	Address 134 New YORK ST
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		DAVID E STANLEY	134 NEW YORK ST
Remove			
2) Change			
Remove			
3 ) Change Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
6) Change		<del>, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</del>	
Add			
Remove			

. If amending or adding additional Articational additional sheets, if necessary).	(Be specific)	<u>iere</u> :		19.
			ia	19 JAN 10
			NIA	13/7
				MAY 10
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			415-22-1	
			<u>.</u>	

The date of each amendment(s)	adoption:	1/2/2014	, if other than the
date this document was signed.	•	1/2/2019	
Effective date <u>if applicable</u> :			
	(no more than 90 days	after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the 1		ole statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were was/were sufficient for appro		e number of votes cast for the amendm	ent(s)
☐ There are no members or me adopted by the board of dire		nendment(s). The amendment(s) was/w	rere
Dated	1/2/2019 Dibo-ah		
Signature	Deloak	, Thought	etors and to
have not l	airman or vice chairman of the t	or – if in the hands of a receiver, trustee	or or
ب <u>۵</u>	nrah Mangan (Typed or prin	ited name of person signing)	
<u> </u>	Hosener		<i>-</i> -
	(Ti	tle of person signing)	