1109000001694

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Namo	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 8, 2010

CHRIS GODFREY 1801 S. FEDERAL HIGHWAY SUITE 219 DELRAY BEACH, FL 33483

SUBJECT: HOME OWNER PROTECTION ECONOMICS INC.

Ref. Number: N09000001694

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The purpose contained in your articles of amendment should be more specific. Please correct your articles of amendment to reflect the specific purpose for which the nonprofit corporation is organized.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 010A00000639

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Home Owner	Protection Economics	
DOCUMENT NUM	BER: N09000001694		
The enclosed Articles	s of Amendment and fee are sub	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
		is Godfrey	
	(Name of	Contact Person)	
	Home Owner F	Protection Economics	
- 1 , -11-11	(Firm	n/ Company)	
	1801 S. Fede	ral Highway Ste 219	
	(.	Address)	
	Delray Bea	ch, Florida 33483	
	(City/ Sta	te and Zip Code)	
	chris@ E-mail address: (to be use	h-op-e.com d for future annual report notific	ation)
For further information	on concerning this matter, pleas	e call:	
Chris Godfrey		at (561)_927-788	39
(Name	of Contact Person)	(Area Code & Daytin	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	t of State:
☑ \$35 Filing Fee	☐ \$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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	r Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

CHRIS GODFREY ~ HOME OWNER PROTECTION ECONOMICS INC. 1801 S. FEDERAL HIGHWAY SUITE 219 DELRAY BEACH, FL 33483

SUBJECT: HOME OWNER PROTECTION ECONOMICS INC.

Ref. Number: N0900001694

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE GIVE A MORE SPECIFIC PURPOSE FOR THE ABOVE MENTIONED CORPORATION THAT WOULD PERTAIN TO A NOT FOR PROFIT CORPORATION. SALE OF SOFTWARE PRODUCT IS NON-PROFIT?????

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Letter Number: 210A00001515

Darlene Connell Regulatory Specialist II

Distinct of Communitions D.O. DOV 6207 Wellshopped Florida 20214

Articles of Amendment to

Articles of Incorporation
Home Owner Protection Economics Inc
(Name of Corporation as currently filed with the Florida Dept. of State)
N09000001694
(Document Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and con abbreviation "Corp." or "Inc." "Company" or		corporated" or the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)		b-v.
C. Enter new mailing address, if applicable:		10 JAN 29
(Mailing address <u>MAY BE A POST OFFIC</u>		PH B
,		
D. If amending the registered agent and/or re- new registered agent and/or the new registered.		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
-	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept 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) <u>Address</u> Type of Action **Title** <u>Name</u> ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Amending Article III to read for specific purpose: Any Lawful Purpose

(date of adoption is required) (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	The date of each amendment(s		Smith and	1X- 1	1-07
Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	Effective date <u>if applicable</u> : 1	12/31/09 (date	e of adoption is red	quired)	<u> </u>
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		(no more than S	00 days after amer	ndment file date)	
was/were sufficient for approval.	Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)		
			rs and the number	of votes cast for	the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.			on the amendment	(s). The amendm	ent(s) was/were
Dated_12/31/09	Dated_12/31/	/09			
Signature Charles	Signature (Change of	Joll		
(By the chairman of vice chairman of the board president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trusted other court appointed fiduciary by that fiduciary)	(By the have	not been selected, by a	n incorporator – i	f in the hands of	er officer-if directors a receiver, trustee, or
(Typed or printed name of person againg)		(Typed or n	5 60d	rey	··
(Title of person signing)			EO		

Page 3 of 3