Division of Corporations

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From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

: (305)358-1310

Phone Fax Number

: (305)503-6701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

\*\* S TALLENT

Email Address:

arool 8723 @ amail-Com

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## COR-AMND/RESTATE/CORRECT OR O/D RESIGN SPIRIT HOUSE INC.

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July 17, 2018

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

SPIRIT HOUSE INC. P.O. BOX 565554 MIAMI, FL 33256-5554

SUBJECT: SPIRIT HOUSE INC.

REF: N16000004681

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ON PAGE 4 OF 4, THE DATE THE DOCUMENT WAS SIGNED 07/18/2018 MUST BE CHANGED.

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) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H18000205740 Letter Number: 518A00014635

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Articles of Amendment to

Articles	of Incorporation of	n
SPIRTI H	IOUSE INC.	
(Name of Corporation as curren	tly filed with the	Florida Dept. of State)
N1600	0004681	
(Document Numb	er of Corporation	(if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida No</i>	ot For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorpo	rated" or the abbreviation "Corp." or "Inc."
<u> </u>		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	)	
		<u> </u>
C. Patanana and incoming the continue of the c		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
•		र्गात कर्मा । जातिक विकास कर्म जन्म क्रिकेट । जातिक विकास कर्मा । जातिक विकास कर्मा । जातिक विकास कर्मा । जातिक विकास कर्मा । जातिक विकास कर्
		Y
D. If amending the registered agent and/or registered offic	e address in Flor	
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent:		
New Registered Office Address:		(Florida street aildress)
Comprehensive Alleganists		
<del></del>	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am fai	Agent:	
Si	gnature of New R	egistered Agent, if changing

Page 1 of 4

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:

P = 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	PT <u>V</u> <u>SV</u>	Mike Jones				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	VP	WESLY CASTRO	17601 SW 144 AVE			
X Add			MIAMI, FL 33177			
Remove						
2) Change	S	DANIEL CASTRO	2070 SW 122 AVE			
X Add			MIAMI, FL 33177			
Remove						
3) Change						
Add						
Remove			41-00-0			
4) Change						
Add			4			
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove		n 1 of 1				

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If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	
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<u> </u>	·	• •
	<del></del>	 <del></del>
		 <del></del>
	•	 

Page 3 of 4

	e date of each amendmen this document was signed		07/19	1/18		, if other than the
Eff	ective date <u>if applicable</u> :		n more than 90 a	iays after am	endment file date)	
	e: If the date inserted in tument's effective date on				ory filing requirements, th	nis date will not be listed as the
Ade	aption of Amendment(s)	(Ç	HECK ONE			
	The amendment(s) was/was/were sufficient for a		the members an	d the number	of votes cast for the ame	endment(s)
	There are no members or adopted by the board of		ed to vote on the	amendment	(s). The amendment(s) w	ras/were
	Dated	17/2018		<u></u>		
	Signature	2	>			
	(By the	not been selecte		rator — it in t	sident or other officer-if he hands of a receiver, to	
			FRED	DY RAMIRI	ez.	
	_		(Typed or	printed name	of person signing)	,
			D	IRECTOR		
				(Title of per	son signing)	<del></del>