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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

MCCULLO NAME OF CORPORATION:	CH GROUP HOME CO	RPORATION	<u>.</u>	
N45325 DOCUMENT NUMBER:				
The enclosed Articles of Amendment and fee				
Please return all correspondence concerning t	his matter to the following	ng:		
TAMMI FERNANDEZ				
	(Name of Conta	act Person)		
MCCULLOCH GROUP HOME CORPORA	TION			
	(Firm/ Con	npany)	··	<del></del>
704 E 120TH AVENUE				
<u> </u>	(Addres	ss)		
TAMPA, FL 33612				
_	(City/ State and	Zip Code)		
TAMMI.FERNANDEZ.CPA@GMAIL.COM	И			
E-mail address: (to	be used for future annu	al report notificati	on)	
For further information concerning this matte	r, please call:			
TAMMI FERNANDEZ		352 at	701-3005	
(Name of Contac	t Person)		(Daytime Telephone Number	)
Enclosed is a check for the following amount	made payable to the Flo	rida Department o	f State:	
☐ \$35 Filing Fee ■\$43.75 Filing Certificate of	Fee & \$\sum \$\\$43.75 \text{ Filing}\$  Status Certified Cop (Additional conclosed)	y Cert opy is Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment See	etion	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

MCCHLLOCH GROUP HOME CORPORATION

Name of Corporation as currently filed with the	Clasida Dant of State)	<del>2022 UU   1   711</del> 0:
N45325	e Florida Dept. of State)	
, <u>, , , , , , , , , , , , , , , , , , </u>	nent Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Flo imendment(s) to its Articles of Incorporation:	•	·
a. If amending name, enter the new name of the	e corporation:	
		The new
ame must be distinguishable and contain the word Company" or "Co." may not be used in the name		" or the abbreviation "Corp." or "Inc."
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	
	<del></del>	
. If amending the registered agent and/or regi		enter the name of the
new registered agent and/or the new register	ed office address:	
Name of New Registered Agent:	TAMMI FERNANDEZ	
	9110 SOUTHERN CHARM CIR	CLE
New Registered Office Address:		rida street address)
	BROOKSVILLE	, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing l hereby accept the appointment as registered agen		he obligations of the position.
	Dan Fer	mandas
(	Signature of New Registe	red 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:

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	Title	<u>Nam</u>	<u>ıc</u>		<u>Addres</u> s
1) Change × Add	<u>S</u>	JAN	ETTE E JOHNSON		12313 N TALIAFERRO AVE TAMPA, FL 33612
Remove				-	
2) Change Add					
Remove 3 ) Remove Add Remove	<u> </u>			- 	
4) Change Add		<del></del>			
Remove				_	
5) Change Add				<del></del>	
Remove					
6) Change Add				<del></del> -	
Remove				-	
E. If amending or addin (attach additional shee	g additio	nal Articles, e ssary). (Be s	enter change(s) here: specific)		
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The date of each amendment(s) adopt date this document was signed.	tion:				_, if other than the
Effective date if applicable:					
Directive date in applicable.	(no more than 90 da	vs after amendm	ent file date)		
Note: If the date inserted in this block of document's effective date on the Depart	does not meet the applic tment of State's records	cable statutory fi	ling requirements	s, this date will not	be listed as the
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.

	pers or members entitled to vote on the amendment(s). The amendment(s) was/were ard of directors.
 Dated	JULY 1, 2022
	By the chairman or vice chairman of the board, president of other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	TAMMI FERNANDEZ
	(Typed or printed name of person signing)
	TREASURER
	(Title of person signing)