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JAN 0 2 2020 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Callaway Homes, Inc. DOCUMENT NUMBER: PD(X)(DDOO) 2520 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

Callaway Homes Inc. Hwy 77 Suite B Lynn Haven, FL 32444 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (352) 815-7285

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$43.75 Filing Fee & ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation of

Callaway Ho	omes Inc.
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P000	00002520
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States at Incorporation:	ntutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	gration:
N/A	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," " word "chartered," "professional association," or the abb	corporation," "company," or "incorporated" or the abbreviation Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRE	<u>(388</u>)
C. Enter new mailing address, if applicable:	N/0
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	17/A
	<u> </u>
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the
new registered agent and/or the new registered offi	
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
I Decide and Amenda Simple of the gring Decistor	and Aments
lew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I are	ered Agent: m familiar with and accept the obligations of the position.
N. V.a.	xvel
(i_Signation	re 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)

Example:

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change Add Remove		Leonard N. Manwell	3003 Hwy 77 Suite B Lynn Hawen, FL 32444			
2) Change Add Remove S) Change						
Add Remove Change						
Change Add Remove						
) Change Add Remove						

fan amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself. (if not applicable, indicate N/4) N/A	Attach <i>additional s</i>	heets, if necessary).	(Be specific)				
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	N/A						
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The date of each amendment(s) adoption: $\frac{N/\rho}{}$, if other than the
date this document was signed.	
Effective date if applicable: N/A	
Effective date if applicable: N/A (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Felix N. Maxwell	
(Typed or printed name of person signing)	-
PSD : President	
(Title of person signing)	