## P0.000017479

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(Requestor's Name)	
(Address)	-
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HOMB, Inc	,	
DOCUMENT NUMB	ER: P0000001747	<b>'</b> 9	
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	Patrick Hickey		
	<del></del>	Name of Contact Person	n
	10907 Fruitland [	Orive	
-		Firm/ Company	
	Apt. 3		
-	-	Address	· · · · · ·
	Studio City, CA 9	1604	
-		City/ State and Zip Cod	e
2011	anatrick100@val	200 00m	
aqu	apatrick100@yal	sed for future annual report	notification)
	E-man address. (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Mary Kaplan		at (407	, 494-6701
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P.O. 1	ing Address Idment Section Idment Se	Amend Division Clifton	Address Iment Section on of Corporations Building executive Center Circle

## Articles of Amendment to Articles of Incorporation of

HOMB, Inc.			
(Name of Corporation as P00000017479	currently filed with the Flori	ida Dept. of State)	
(Documer	nt Number of Corporation (if kn	nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flo</i>	rida Profit Corporation adopts the following amen	dment(s) to
A. If amending name, enter the new na	ame of the corporation:		
		The	new
	ation "Corp," "Inc," or "Co"	"company," or "incorporated" or the abbrevia ". A professional corporation name must contain ."	
B. Enter new principal office address, (Principal office address MUST BE A ST			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>OFFICE BOX</u> ) - -	10907 Fruitland Dr. Apt.3 Studio City, CA 91604	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address v registered office address:	in Florida, enter the name of the	
Name of New Registered Agent	Mary Kaplan		
	7635 Ashley Park C	ct Suite 503-l	
New Registered Office Address:	(Florida street a	nddress) , Florida 32835	
NEW NEGINETER Office Address.	(City)	(Zip Code)	
		and accept the obligations of the position.  If the position is a second	

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ze Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Vera Sullivan	245 Main St.
Add			Dunedin, FL 34698
X Remove			
2) Change	PST	Patrick Hickey	10907 Fruitland Dr.
X Add			Apt. 3
Remove			Studio City, CA 91604
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	·····		
Remove			

	cles, enter change(s) here: (Be specific)
	•
1,000	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(16 11 11 11 11 11 11 11 11 11 11 11 11 1	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	<del>-</del>
(if not applicable, indicate N/A)	

The date of each amendment(s) as date this document was signed.	ioption:, is other
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	croved by the shareholders through voting groups. The following statement 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)
action was not required.	pted by the board of directors without shareholder action and shareholder
Dated	9-18-13
selected,	ector president or other officer - if directors or officers have not been , by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
ı	Patrick Hickey
_	(Typed or printed name of person signing)
f	President
***	(Title of person siming)

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