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| (Requestor's Name) | |
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SECRETARY OF STATE

C. LEWIS

OCT 4 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Eagle Homebuyers Inc. DOCUMENT NUMBER: P00000057245 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Katisha Hill Name of Contact Person Eagle Homebuyers Inc. Firm/ Company 9799 Old St Augustine Road Address Jacksonville, FL 32257 City/ State and Zip Code tish@legrandprojects.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904 Area Code & Daytime Telephone Number Katisha Hill Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

FILED 13 SEP 30 AMII: 16

Eagle Homebuyers Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECKETARY OF STATE TALLAHASSEE, FLORIDA

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(Document Number of Corporation (if known)

ndment(s) to

| corporation: | | TT. |
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| ole: DDRESS) | | <u>.</u> |
| <u></u> | | |
| tered office address in Florida, | , enter the name | of the |
| | | |
| | | |
| (Florida street address) | | |
| (Florida street address) | , Florida_ | (Zip Code) |
| () () () () () | ered office address in Florida. | ord "corporation," "company," or "incorpor. p," "Inc," or "Co". A professional corporat. pe abbreviation "P.A." DDRESS) OX ered office address in Florida, enter the name |

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)

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 <math>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 | <u>PT</u> | John Doe | | | | | |
|----------------------------|-----------|--------------|----------------------------|--|--|--|--|
| X Remove | <u>v</u> | Mike Jones | | | | | |
| X Add | <u>sv</u> | Sally Smith | | | | | |
| Type of Action (Check One) | Title | <u>Name</u> | Address | | | | |
| 1) Change | S | Katisha Hill | 9799 Old St Augustine Road | | | | |
| X Add | | - | Jacksonville, FL | | | | |
| Remove | | | 32257 | | | | |
| 2) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 3) Change | | _ | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 4) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 5) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |
| 6) Change | | | | | | | |
| Add | | | | | | | |
| Remove | | | | | | | |

| E. <u>If amendin</u> | <u>ig or adding addi</u> | itional Article | s, enter chang | e(s) here: | | | |
|----------------------|--------------------------|-----------------|----------------|-----------------|------------------|-------------|--|
| | litional sheets, if n | ecessary). (| Be specific) | | | | |
| N/A | | | | | | | |
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| ' Ifan amen | ıdment provides | for an exchan | ge reclassific | ation, or cance | llation of issue | d shares. | |
| provision | s for implementi | ng the amend: | ment if not co | ntained in the | amendment its | elf: | |
| (if not | t applicable, indic | ate N/A) | | | | | |
| N/A | | | | | | | |
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| The date of each amendment(s) ad | option: | La Liftourer than the |
|---|--|--|
| date this document was signed. | | 13 SEP 30 *** |
| Effective date <u>if applicable</u> : | | 00 HITT: 18 |
| | (no more than 90 days after am | endment file date: SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | ., |
| ☐ The amendment(s) was/were ado by the shareholders was/were suf | pted by the shareholders. The number of vote ficient for approval. | es cast for the amendment(s) |
| | roved by the shareholders through voting groweach voting group entitled to vote separately | |
| "The number of votes cast | for the amendment(s) was/were sufficient for | approval |
| by | | ,,, |
| | (voting group) | - |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareho | older action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder | action and shareholder |
| Dated9 | /27/13 | |
| Signature | Lathan | <u>Q</u> |
| | rector, president or other officer - if directors | |
| | l, by an incorporator — if in the hands of a rec ed fiduciary by that fiduciary) | eiver, trustee, or other court |
| - рро | Ronald LeGrand | |
| _ | | |
| | (Typed or printed name of | person signing) |
| | President | |
| • | (Title of person sig | ming) |