## P01000118465

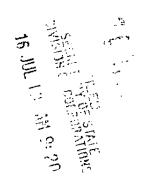
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## **COVER LETTER**

6 M. C. M. S. 20 TO: Amendment Section **Division of Corporations** Domus Pro, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: P01000118465 The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Kad Hittinger Name of Contact Person BROKERS, INC. TRANSACT Firm/Company 510 Lake Shore Dr. Address Maitland, FL 32751 City/State and Zip Code khittinger@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karl Hittinger 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** enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tellahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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M, 650
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9. 16h

(Name of Corporation as currently filed with the Florida Dept. of State)  P01000118465  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amending name, enter the new name of the corporation:  A. If amending name, enter the new name of the corporation:  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicables  (Principal office address MUST BE A STREET ADDRESS)  D. If amending the registered agent and/or registered office address.  Name of New Registered Agent  Kal Hittinger  510 Lake Shore Dr.  (Florida street address)  Mailland  New Registered Agent if changing Registered Agent:  I hereby accept the appointment as registered agent. I am families with and accept the obligations of the position.	(Mama		
(Document Number of Corporation (if known))  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amending the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amending hardward contains the word "corporation:  The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or "Co.," a professional corporation name must contain to word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address if applicable:  (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address.  Name of New Registered Agent  Karl Hittinger  510 Lake Shore Dr.  (Florida street address)  New Registered Agent is Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am families with and accept the obligations of the position.		of Corporation as curren	tly filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendits Articles of Incorporation:  A. If amending name, enter the new name of the corporation:    Incorporation   Inc	P01000118465		
A. If amending name, enter the new name of the corporation:  The TRANS ACT RONE PS. INC. The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.", A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address if applicables. (Principal office address MUST BE A STREET ADDRESS)  C. Enter new melling address if applicables. (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or registered office address.  Name of New Registered Agent  New Registered Office Address  Maitland  Florida street address)  New Registered Agent's Signature, if changing Registered Agent: I am familiar with and accept the obligations of the position.		(Document Number	of Corporation (if known)
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name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain to word "chartered," "professional association," or the absreviation "P.A."  B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE BOX)  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 office address.  Name of New Registered Agent Signature. If changing Registered Agent:  New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am families with and accept the obligations of the position.	TO A	ANSACT R	ROKERS INC. The new
B. Enter new principal office address if applicable.  (Principal office address MUST BE A STREET ADDRESS)  Maitland, FI 42751  C. Enter new meiling address if applicable.  (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent end/or the new registered office address.  Name of New Registered Agent  New Registered Office Address  Maitland  Florida  (City)  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am families with and accept the obligations of the position.	"Corp.," "Inc.," or Co.," or the design	ntain the word "corporate mation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
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D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address.  Name of New Registered Agent    Signature   Maitland   Signature   Signatur			Maitland, Fl 42751
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New Registered Office Address    New Registered Office Address   Maitland			
New Registered Office Address:    Maidand   Maidand   Florida   Maidand   Ma	new registered agent and/or the ne	w registered office addre	dress in Florida, enter the name of the
New Registered Office Address  (City)  Florida  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familier with and accept the obligations of the position.	new registered agent and/or the ne	w registered office addre Karl Hittinger	dress in Florida, enter the name of the
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	new registered agent and/or the ne Name of New Registered Agent	w registered office addre Karl Hittinger 510 Lake Shore Dr. (Florida s	street address) , Florida 42751
	new registered agent and/or the ne  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if	w registered office addre  Karl Hittinger  510 Lake Shore Dr.  (Florida s  Maitland	treet address) , Florida 42751
Signature of New Registered Agent, if changing	new registered agent and/or the ne  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if	w registered office addre  Karl Hittinger  510 Lake Shore Dr.  (Florida s  Maitland	treet address)
Surface of the surfac	new registered agent and/or the ne  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if	w registered office addre  Karl Hittinger  510 Lake Shore Dr.  (Florida s  Maitland	treet address)  Florida 42751 (City) (Zip Code)  It: With and accept the obligations of the position.
	new registered agent and/or the ne  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if	Karl Hittinger  510 Lake Shore Dr.  (Florida s Maitland	treet address)  Florida 42751 (City) (Zip Code)  At: with and accept the obligations of the position.

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>PΓ</u>	<u>John Doe</u>	
X Remove	<u>¥</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1)Change	S	Joe McConalty	1015 N BUMBYAVE.
Add			1015 M BUMBYAVE. 012LANDO, FL 3005-3
X Remove			32803
2)Change	T	Marina Ortiz- Laboy	1015 N. BYLLBY AVE.
Add			1015 N. BUMBY AVE. 024000, FC 32803
X Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			<del></del>
5) Change			
Add		44-9-40-91	
Remove			
6)Change	<del></del>		<del></del>
Add			<del></del>
Remove			

n amendment provides for an exchanovisions for implementing the amendr (If not applicable, indicate N/A)	ge, recissification, or cancellation of issued shares, ment if not contained in the amendment itself:
<del></del>	
<del></del>	

	June 9, 2016
The date of each amendment date this document was signed	nt(s) adoption:, if other than the
dae ara document was a gre	August 1, 2016
Effective date if applicable	August 1, 2010
	(no more than 90 days after amendment file date)
	n this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
bv	"
/", ———	(voting group)
The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	July 970 7018
Signature	4.1
, i	By a director, president or other officer — if directors or officers have not been
	selected, by an igcorporator - if in the hands of a receiver, trustee, or other court
i	appointed fiduciary by that fiduciary)
	TAPL H HITTINGER  (Typed or printed name of person signing)
	(1 ypea or printed name or person signing)
	PRESIDENT.
	(Title of person signing)