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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Atlantic Home Tec	hnologies, Inc.			
	JMBER: P02000014862		****		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following;			
	Angela K Holley				
		Name of Contact Persor	1		
	Atlantic Home Technologies, Inc.				
		Firm/ Company			
	11482 Columbia Park Dr W	¥2			
		Address			
	Jacksonville, FL 32258				
		City/ State and Zip Code	2		
	angie@atlantichometech.com	I			
	E-mail address: (to be us	sed for future annual report	notification)		
	ation concerning this matter, pleas				
Angela K Holley		at (	_) 224-1112 opt 3		
Na	me of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	e □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
!	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ssee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

Atlantic Home Technologies, Inc.

(Name of Corporation as appear	the filed with the Charles Days of Canal	<del>-</del>
P02000014862	tly filed with the Florida Dept. of State)	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must	reviation "Corp"
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		AON 623
C. Enter new mailing address, if applicable:		Φ
(Mailing address MAY BE A POST OFFICE BOX)		P
		12:
		<u>~~~~</u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the	
(Florida si	treet address)	<del></del>
New Registered Office Address:	Florida	
, contract of the real contrac	(Ciny)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the pos	ition.
Signature of New I	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

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> <u>Jo</u>	<u>din Doe</u>	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>_SV</u> <u>_Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Paul Prince	11482 Columbia Park Dr W#2
Add			Jacksonville, FL 32258
x Remove			
2) Change	VP	Drema Prince	11482 Columbia Park Dr W#2
x Add			Jacksonville, FL 32258
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			····
6) Change			
Add			
Remove			

attach additional sheets, if necessar	Articles, enter cha	CONTRACTOR OF STREET			
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an amendment provides for an e	xchange, reclassif	Ocation or cance	allation of iccord	charac	
rovisions for implementing the a	mendment if not	contained in the	amendment itse	lf:	
(if not applicable, indicate N/A	)			<del></del>	
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The date of each amendment(s) adoption:5	123/2020	, if other than the
date this document was signed.		
Effective date if applicable:		
(no more	than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec		ate will not be listed as the
Adoption of Amendment(s) (CHECK ONI	<u>E</u> )	
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors, or board of directors without shareholder acti	ion and shareholder
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amendment	(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group enti		ient
"The number of votes cast for the amendment(s)	was/were sufficient for approval	
by		
(voting group)		
Dated		
Tola A A		
Signature DHA TTO	her officer - if directors or officers have not been	
	- if in the hands of a receiver, trustee, or other cou	
appointed fiduciary by that fid	duciary)	
JOHN M.	PRINCE	
	printed name of person signing)	
PRESIDEN	<del></del>	
(Title of pe	erson signing)	