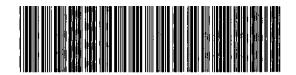
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SECRETARY OF SHALE TAPLIANASSEE, FLORIDA

And 10/8/10

COVER LETTER

T0: Amendment Section Division of Corporations

Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	NAME OF CORPO	ORATION:	Cape Signature Homes, I	nc.
Please return all correspondence concerning this matter to the following: Gary W. Wolcott	DOCUMENT NUM	MBER:	P02000054851	and the second s
Gary W. Wolcott Name of Contact Person Cape Signature Homes Inc Firm/ Company 1507 NW 25th Ave Address Cape Coral, FL, 33993 City/ State and Zip Code jagwolcott@corncast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary W. Wolcott Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: Street Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	The enclosed Article	es of Amendment and fee a	re submitted for filing.	
Name of Contact Person	Please return all cor	respondence concerning thi	is matter to the following:	
Cape Signature Homes Inc Firm/ Company 1507 NW 25th Ave Address Cape Coral, FL, 33993 City/ State and Zip Code jagwolcott@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary W. Wolcott Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: State: State Certificate of Status Certificate of Status Certificate of Status Certificate Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	_			
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Cape Coral, FL, 33993 City/ State and Zip Code jagwolcott@comcast.net E-mail address: (to be used for future annual report notification)	_	Саре		
Cape Coral, FL, 33993 City/ State and Zip Code jagwolcott@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary W. Wolcott Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building			Firm/ Company	
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Jagwolcott@comcast.net			Address	
jagwolcott@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary W. Wolcott at (239) 770.7924 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee Scrifficate of Status Certificate Opy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Clifton Building	·	Car	pe Coral, FL, 33993	
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Gary W. Wolcott at (239) 770.7924 Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State:		jagwold E-mail address: (to be use	cott@comcast.net d for future annual report notification)	 ,
Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$\sum_{\text{\$\subset}}\$\$ \$\sum_{\text{\$\subset}}\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$\$ \$\sum_{\text{\$\subset}}\$\$\$\$\$ \$\sum_{\text{\$\subset}}\$	For further informat	tion concerning this matter,	please call:	
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\overline{\substack} \substack \text{S43.75 Filing Fee & Certificate of Status} \text{ \$\substack \text{S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \text{ \$\substack \text{Certified Copy (Additional Copy is enclosed)} \text{ \$\substack \text{Certified Copy (Additional Copy is enclosed)} \text{ \$\substack \text{Street Address} \text{ Amendment Section Division of Corporations P.O. Box 6327} \text{ \$\substack \text{Cifton Building} \text{ \$\substack \text{Certified Copy (Additional Copy is enclosed)} \text{ \$\substack \text{Certified Copy (Certified Copy is enclosed)} \text{ \$\substack \text{Certified Copy (Certified Copy is enclosed)} \text{ \$\substack \text{Certified Copy is enclosed)} \$\substack \text{Certified Copy (C	Ga	ary W. Wolcott	ut (
☐ \$43.75 Filing Fee	Name o	of Contact Person	Area Code & Daytime Tele	phone Number
Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	Enclosed is a check	for the following amount n	nade payable to the Florida Departs	ment of State:
Amendment Section Division of Corporations P.O. Box 6327 Amendment Section Division of Corporations Clifton Building	☑ \$35 Filing Fee		Certified Copy	Certificate of Status
Tallahassee, FL 32314 2661 Executive Center Circle	Amendment Division of P.O. Box 63	Section Corporations 27	Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)
	ature Homes, Inc.	a Dept. of State)
(Document Nun	nber of Corporation (if known	wn)
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this FI	lorida Profit Corporation adopts the
If amending name, enter the new name o	f the corporation:	
		The
Enter new principal office address, if apr incipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or	registered office address i	n Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFF)</u> If amending the registered agent and/or new registered agent new regi	registered office address i	
(Mailing address MAY BE A POST OFFI If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in istered office address;	

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: (Awach additional sheets, if necessary)

Title	'Name	Address	Type of Action
VP	Justin W. Wolcott	1507 NW 25th Ave. Cape Coral, FL, 33993	☑ Add ☐ Remove
			Add Remove
			Add Remove
	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, possible for implementing the amendment of applicable, indicate N/A)	reclassification, or cancellation of if not contained in the amendm	of issued shares, ent itself:

The date of each amendment	(s) adoption: October 5, 2010
Effective date if applicable:	(date of adoption is required)
Enterive date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_Octo	ober 5, 2010
Signature	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	Gary W. Wolcott
	(Typed or printed name of person signing)
	President
	(Title of person signing)