## P030000223999

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R. 19th 11 SEP 01, 2021

## **COVER LETTER**

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: CHASTAIN SECURING FUC.  DOCUMENT NUMBER: PO300022399						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person  MC GRAW & MAURER Acets Inc  Firm/ Company  1216 NW 13 <sup>th</sup> SMOTT  Address  City/ State and Zip Code  MAURER 1216 @ YAHOO. COM  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JEROME MAUREL at 352, 374-6789						
Name of Comact Letson						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
S43.75 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional Copy is enclosed)						
Mailing Address Amendment Section Division of Corporations  Street Address Amendment Section Division of Corporations						

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation

-

CHASTAIN SECURI	NG, FNC 12:01
(Name of Corporation as currently	filed with the Florida Dept. of State)
P03000022	
(Document Number of	
`	
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CHASTAIN HOME FN SPEC	CTIONS, FNC. The new
name must be distinguishable and contain the word "corporation," "co	ompany," or "incorporated" or the abbreviation "Corp.,"
"Inc." or Co.," or the designation "Corp., "Inc. or Co., A	projessional corporation name mass comess are
"chartered," "professional association," or the abbreviation "P.A."	1-11 1111 4300 TEPPARE
B. Enter new principal office address, if applicable:	13 11 NW Total Telefore
(Principal office address MUST BE A STREET ADDRESS)	1511 NW 43RD TERRACE GATNESUILE, FL 32605
C. Enter new mailing address, if applicable:	GANESVILLE, FZ 3260
(Mailing address MAY BE A POST OFFICE BOX)	7311 1000 1000 1000
	GANESVILLE, PL 3200
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent / 100THY	CHASTAIN
15/1 N/W	43RO TERRACE
(Florida stre	
GA, DET	JULE Florida 32605
	OLLE
· ·	•
New Registered Agent's Signature, if changing Registered Agent:	44
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	$\alpha I$
(and other	( do atos
Signature of New Re	gistered Agent, if changing
5.7	<u> </u>
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)

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.

Mike Jones, y as Kemove	, unu sun	y Smith, Dr. tto the result.
Example: X Change	<u>PT</u>	John Doe
X Remove	<u>V</u>	Mike Jones
<u>X</u> Add	<u>şv</u>	Sally Smith
Type of Action (Check One)	Title	Name Address
1) Change	50	TAYLOR CHASTAIN 17146 MELVIN ST. BROOKER, FL 32622
Add		Brooker, FL 326
Remove		
2) Change		
Add		
Remove Change		
Add		
Remove		
4) Change		
Add		<del></del>
Remove		
5) Change		
Add		
Remove		<del></del>
6) Change		
Add		
Remove		
		/

f amending or adding additional Arti	icles, enter change(s) here: (Be specific)	
. / /		
AltA		
	U. at the Command about the	
provisions for implementing the amo	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
- ALIA-		

The date of each amendment(s) ado	ntion:	, if other than the
date this document was signed.	M	
Effective date if applicable:		
<del></del> -	(no more than 90	days after amendment file date)
Note: If the date inserted in this blo- document's effective date on the Depa	ck does not meet the applica artment of State's records.	ble statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt action was not required.	ted by the incorporators, or be	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The icient for approval.	number of votes east for the amendment(s)
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders thro ach voting group entitled to v	ugh voting groups. The following statement of separately on the amendment(s):
"The number of votes east fo	or the amendment(s) was/were	e sufficient for approval
bv		<u> </u>
, <u></u>	(voting group)	
Dated	8/18/202	
Signature	ming	er – if directors or officers have not been
(By a diff selected.	by an incorporator – if in the	hands of a receiver, trustee, or other court
appointed	d fiduciary by that fiduciary)	
	TIMOTHY	ame of person signing)
_	(Typed or printed n	ame of person signing)
	PRESIDE	ENT
_	(Title of person sig	ning)

Karamatan Karamatan