P0300027648

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Abode Appraisals, Inc			
DOCUMENT NUMBER:	P03000027648			
The enclosed Articles of Amendment	and fee are submitted for filing.			
Please return all correspondence conce	rning this matter to the following:			
	Raimo J Kumpulainen			
	Name of Contact Person			
	Abode Complete Service Co.			
	Firm/ Company			
	7906 Martin Avenue			
	Address			
	West Palm Beach, FL 33405			
	City/ State and Zip Code			
E-mail address:	raimo@raimoflorida.com (to be used for future annual report notification)			
For further information concerning this	matter, please call:			
Raimo J Kumpulainen				
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following a	mount made payable to the Florida Department of State:			
② \$35 Filing Fee				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

•	of		₩ 50° = 1
Abode A	Appraisals, Inc.		- S = 1
(Name of Corporation as curre		la Dept. of State)	
P03	000027648		SE
(Document Nun	nber of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6. Florida Statutes, this F	lorida Profit Corpora	tion adapts the following
A. If amending name, enter the new name of	f the corporation:		•
Abode Co	omplete Service Co.		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "In	c." or "Co". A profes	ssional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
D. If amending the registered agent and/or remove registered agent and/or the new regis		n Florida, enter the n	ame of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		Floric	la
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing the Interest of the Appointment as registered at the Appointment at	igent. I am familiar with a		ons of the position.
<u></u>	Signature of New Registere	d 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) **Title Name** Address **Type of Action** _ 🗆 Add □ Remove ☐ Remove □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment((date of adoption is required)
Effective date <u>if applicable</u> :	(date of thornon is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes east for the amendment(s) re sufficient for approval.
	c approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
bv	; ``
	(voting group)
action was not required. The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_05/05	5/2010
Signature 6	Kammanymhun
(By a selec	a director, president or other office if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
WFF-	
	Raimo J Kumpulainen
	(Typed or printed name of person signing)
	President
	(Title of person signing)