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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION	in: Hometo	wn Healt	MDF Doval Inc
DOCUMENT NUMBER:	<u> 10400000</u>	35479	
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	nce concerning this ma	tter to the following:	
	Steve S	echler	
		Name of Contact Pers	on
Ho	metour F	rearly of	Dual Inc
<u> </u>		Firm/Company	
82	82 Bayn	<u>Madous</u> Address	Rd Suite 5
	acksonii	Ile, FL	32256
		City) State and Zip Co	de
Ste	Je Sechled -mail address: (to be us	sed for future annual repo	COCC rt notification)
For further information conc	erning this matter, pleas	se call:	
Steve Se	chler	at (904)	334-3985
Name of Con	tact Person	Area C	lode & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida De	partment of State:
S35 Filing Fee	1\$ 43.75 Filing Fee & Certificate of Status	□\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme			A Address Indiment Section

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Hometown Realty of Du	ial Inc
(Name of Corporation as current)	y filed with the Florida Dept. of State)
<u> </u>	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or " word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1111
	——————————————————————————————————————
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office address	<u>:</u>
Name of New Registered Agent	
	ALIA
(Florida str	vefactions) [] \
New Registered Office Address:	(City) , Florida (Zip Code)
	(Zip Crae)
New Registered Agent's Signature, if changing Registered Agent	<u> </u>
Thereby accept the appointment as registered agent. Tam familiar	The state of the s
/	I/I A
Signature of New F	Registered 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)

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 = Chie 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.

Example: X Change	<u>PT</u>	John De	<u>પ્ર</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	7	_	Harris, Catherine	8382 faymeadous
Add Remove			,	_Suite 5 Jacksonville, FL 3225
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ding additional Articles, enter chang heets, if necessary). (Be specific)	ce(s) nere.		
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		_		
_ _ .				
	NIA			
				
_				
				
	_ 			
an amendment :	orovides for an exchange, reclassific	ation or cancellation	of icened charge	
<u>rovisions for im</u>	plementing the amendment if not co	ntained in the amend	lment itself:	
(if not applica	tble, indicate N/A)			
	,			
	 			
	$\sim 11/2$			
	NA			
	NA			
	<u> </u>			-
	<u> </u>			
	<u> </u>			

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: 0000005, 2018	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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	
hy'''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated //)-51-/-5	
Signature (By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
PAESIOENT	
(Title of person signing)	