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JUN 1 2 2017 S. YOUNG



## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: House Doctors Construction Inc DOCUMENT NUMBER: <u>P04000115664</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kiet Nauyen

Name of Contact Person House Doctors Construction Inc.
Firm/Company

3329 Peach drive
Address Jackson Ville FL 32246
City State and Zip Code For the bouse driver. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kiet Name of Connect Person at (904) 524-4217

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

## Articles of Amendment

to

Articles of Incorporation

| HOUSE Doctors (   | Construction Inc   | State)  |
|---|--|---|
| 004000 U.E. (.  | / (1   | <del>state</del> )                              |
| (Docu   | unent Number of Corporation (if known)                     |   |
| Pursuant to the provisions of section 607.1006, Floriest Articles of Incorporation:   | da Statutes, this <i>Florida Profit Corporation</i> 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 wa<br>"Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th | p," "Inc," or "Co". A professional corporation             | d" or the abbreviation<br>name must contain the |
| B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>   | le:<br>DDRESS )  |   |
|   |  |   |
|   | <del></del>  | <u> </u>  |
| C. Enter new mailing address, if applicable:  |  |   |
| (Mailing address <u>MAY BE A POST OFFICE B</u>  | <u>OX</u> )  |   |
|   |  | <u> </u>  |
|   |  |   |
| D. If amending the registered agent and/or regist-<br>new registered agent and/or the new registered  |  | the   |
| Name of New Registered Agent  |  |   |
|   |  | <del></del>                                     |
|   | (Florida street address)                                   | <del></del>                                     |
| New Registered Office Address:  | . Fle  | rida  |
|   | (City)   | (Zip Code)                                      |
|   |  |   |
| New Registered Agent's Signature, if changing Ro  | ogistered Avent  |   |
| I hereby accept the appointment as registered agent.  | I am familiar with and accept the obligations of i         | he position.                                    |
|   |  |   |
|   |  |   |
| Sig   | nature of New Registered Agent, if changing                | <del></del>                                     |

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.

| Example: X Change          | <u>PT</u> John        | <u>ı Doc</u> |                  |
|----------------------------|-----------------------|--------------|------------------|
| X Remove                   | <u>V</u> <u>Mik</u>   | e Jones      |                  |
| <u>X</u> Add               | <u>SV</u> <u>Sall</u> | y Smith      |                  |
| Type of Action (Check One) | <u>Title</u>          | <u>Name</u>  | <u>Addres</u> s  |
| 1) Change                  | T                     | Tho T Truong | 3329 Peach Dr    |
| Add                        |                       |              | Jacksonville, FC |
| _X Remove                  |                       |              | 32246            |
| 2) Change                  |                       |              |                  |
| Add                        |                       |              |                  |
| Remove                     |                       |              |                  |
| 3 ) Change                 |                       |              |                  |
| Add                        |                       |              |                  |
| Remove                     |                       |              |                  |
| 4) Change                  |                       |              |                  |
| Add                        |                       |              |                  |
| Remove                     |                       |              |                  |
| 5) Change                  |                       |              |                  |
| Add                        |                       |              |                  |
| Remove                     |                       |              |                  |
| 6) Change                  |                       |              |                  |
| Add                        |                       |              |                  |
| Remove                     |                       |              |                  |

| mach <i>additional</i>   | sheets, if necessary).                      | (Be specific)                           |  |                                    |   |              |
|--------------------------|---|---|--|------------------------------------|---|--------------|
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| <u>provisions for in</u> | provides for an exch<br>aplementing the ame | nange, reclassific<br>indment if not co | cation, or cancel<br>ontained in the a | lation of issued<br>mendment itsel | <u>shares,</u><br>f <u>:</u>            |              |
| (if not applie           | able, indicate N/A)                         |   |  |                                    |   |              |
|                          |   |   |  |                                    | · · · · · · · · · · · · · · · · · · ·   | <del> </del> |
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|                          |   |   |  |                                    |   |              |

| The date of each amendment(s) adoption:  | , if other than th       |
|--|--------------------------|
| date this document was signed.   |                          |
| Effective date <u>if applicable</u> :  |                          |
| (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 document's effective date on the Department of State's records.                             | will not be listed as th |
| 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  |                          |
| by   |                          |
| (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 06/06/2017   |                          |
| 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 come of person signing)  |                          |
| President<br>(Title of person signing)   |                          |