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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | sin ess Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T BROWN MAY 2 5 2005

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: DELETE OLD MAILING ADDRESS | AND ADD NEW MAILING ADDRES | <u>S</u> | |
|---|---|---|--|
| DOCUMENT NUMBER: P04000157135 | | | |
| The enclosed Articles of Amendment and fee | are submitted for filing. | • ' | |
| Please return all correspondence concerning the | his matter to the following: | | |
| EMILIO PEREZ | <u> </u> | | |
| () | Name of Person) | * | |
| FLAT FEE HOMES INC | ort 10 | 120 | |
| (ivame | e of Firm/ Company) | | |
| 4000 PONCE DE LEON BLVD | | | |
| | (Address) | | |
| CORAL GABLES, FL 33146 | | | |
| (City/ | State/ and Zip Code) | | |
| For further information concerning this matter | r, please call: | | |
| EMILIO PEREZ | at (305) 777-0345 | | |
| (Name of Person) | (Area Code & Daytime | Telephone Number) | |
| Enclosed is a check for the following amount: | | | |
| Zi \$35 Filing Fee | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section | Street Address Amendment Section | | |
| Division of Corporations P.O. Box 6327 | Division of Corporations | | |
| Tallahassee, FL 32314 | 409 E. Gaines Street Tallahassee, FL 32399 | | |

FILED

05 MAY 20 AM 9: 57

FALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation of

| FLAT FEE HOMES INC |
|---|
| (Name of corporation as currently filed with the Florida Dept. of State) |
| P04000157135 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| (must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| ARTICLE VIIII CHANGE OF MAILING ADDRESS (ARTICLE ADDED) |
| NEW MAILING ADDRESS: 4000 PONCE DE LEON BLVD SUITE # 470 CORAL GABLES, FL 33146 |
| SAME AS PRINCIPAL PLACE OF BUSINESS |
| DELETE OLD MAILING ADDRESS: 10240 SW 159 PL MIAMI, FL 33196 |
| |
| |
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| |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provision for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate is |
| |
| |
| |

(continued)

| The date of each amendment(s) adoption: 5-16-05 |
|---|
| Effective date if applicable: 5/16/2005 |
| (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) (CHECK ONE) |
| The amendment(s) was/were approved 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. |
| Signed this 16 day of MAY 2005 Signature (By a director, president or other officer - if prectors or officers have not been selected, by an incorporator - in the hands of a receiver, trustee, or other court |
| appointed fiduciary by that fiduciary) |
| (Typed or printed name of person signing) |
| PRESIDENT (Title of person signing) |

FILING FEE: \$35