P05000011006

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
DICK UD	NA/AIT	C NAAU
☐ PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
opecial instructions to	r imig Officer.	
		j
		}
		1
		ļ
		j

Office Use Only



200237387172

07/18/12--01012 -002 **35.00



Amend 107.18.12

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: INTER BUILD	DING HAUS, IN	C.
DOCUMENT NUMBER: P05000017666	3	
The enclosed Articles of Amendment and fee are submi	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
HEIKE BUSBY		
· .	Name of Contact Person	
ALLURE ACCOUN	TING INC.	
***	Firm/ Company	
3665 BONITA BEA	CH ROAD, STE	E. 1
	Address	
BONITA SPRINGS	, FL 34134	
	City/ State and Zip Code	
HBUSBY@ALLUREAC	COUNTING.C	OM
E-mail address: (to be used		
For further information concerning this matter, please ca	all:	
MARENA LOEFFLER	at(239	, 992-3355
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made pays	able to the Florida Departi	ment of State:
Certificate of Status	3\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Clifton B	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



INTER BUILDING HAUS INC

(Name of Comparation or our		Davida Davida (CAran)	_
(Name of Corporation as cur P05000017666	rently med with the Fig	orida Dept. 01 State)	
	umber of Corporation (if	known)	-
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	6, Florida Statutes, this F	Clorida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name	of the corporation:		
N/A			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp." "Inc," or "C	Co". A professional corporation name must	abbreviation
B. Enter new principal office address, if ag	oplicable:	3665 BONITA BEACH ROAD	
(Principal office address <u>MUST BE A STRE</u>		SUITE 1	
		BONITA SPRINGS, FL 34134	<u>-</u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		3665 BONITA BEACH ROAD)
		SUITE 1	_
		BONITA SPRINGS, FL 34134	_ <u>}</u>
D. If amending the registered agent and/or new registered agent and/or the new re		ess in Florida, enter the name of the	
Name of New Registered Agent	llure Accounting	g Inc.	
	665 BONITA BEA	ACH ROAD, STE. 1	
	(Florida stree	•	
New Registered Office Address:	ONITA SPRING	, Florida _	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if change the appointment as registered. Signature of the appointment as registered and the appointment as registered as registered.		<u></u>	

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 <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove		N/A	
2) Change Add Remove		N/A	
3) Change Add Remove		N/A	
4) Change Add Remove	<u></u>	N/A	
5) Change Add Remove		N/A	
6) Change Add Remove		N/A	

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
I/A	
· ·	· · · ·
· · · · · · · · · · · · · · · · · · ·	
If an amandment provides for an eval	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
I/A	
· · · - · · - · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment	(s) adoption: 07/09/2012
Effective date <u>if applicable</u> :	07/09/2012
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):
	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	, ,
Dated 07/	09/2012
(B	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	AGNES GOLLNAU
	(Typed or printed name of person signing)
	CEO