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COVER LETTER

TO: Amendment Sec Division of Cor		•	*
NAME OF CORPO	DRATION: HOME	Duest Property	ly Solutions.in
DOCUMENT NUM	IBER: <u>P05</u>	000131949	
The enclosed Article	s of Amendment and fee a	re submitted for filing.	
Please return all corr	espondence concerning th	is matter to the following:	
_	Stive	V HACKISIAN	
	N	ame of Contact Person	
	Home Ou	ist Property	Solutions inc
		Firm/ Company	
	792	Whisper LAK	10 RI
		Address	
<u>.</u>	PAlm	HANGOR FL,	34683
	C	ity/ State and Zip Code	
	Home D.	171101	
	F-mail address: (to be use	d for future annual report flotification)	n, com
	E-man address. (to be use	a for factic annual report notification;	
	on concerning this matter,		
Steve Flac	hICIAN	at(777) 906	1. 245 g
	Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check f	or the following amount n	nade payable to the Florida Depart	ment of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee &	□ \$43.75 Filing Fee &	\$52.50 Filing Fee
•	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add	ress	Street Address	
Amendment S		Amendment Section	
Division of C	•	Division of Corporations	
P.O. Box 632		Clifton Building	
- Tallahassee, I	FL 32314	2661 Executive Center Circl	e

Tallahassee, FL 32301

1 ·	•	Articles of Amenument	•
•		to	
•		Articles of Incorporation	EILEN
	•	of	, ILEU
	. 4•	Home Ouest Property	So the son for the land
	(Name	e of Corporation as currently filed with the Florida Dept	. of State)
		P05000131949	SECRETARY OF STATE TALLAHASSEE FLORID4
		(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name	·· •	
NU VISION CONSULT.	INS DEONLEPT SESISN, INC. The	new
abbreviation "Corp.," "Inc.," or Co.," or	in the word "corporation," "company,", or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corpora professional association," or the abbreviation "P.A."	the ition
B. Enter new principal office address, if a	applicable:	
(Principal office address MUST BE A STR.		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF) D. If amending the registered agent and/or new registered agent and/or the new remains of New Registered Agent:	or registered office address in Florida, enter the name of the	
New Registered Office Address:	(Florida street address)	
NOW REGISTER OF THE THE TENTE OF THE TENTE O		
	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar with and accept the obligations of the positi	ion.
	Signature of New 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)

· C	, ,		·	Address	Type of Action
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				Ph/m HATTON	
				FL 3468	Add
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E.]	<u>If amending</u>	or adding addition on a sheets, if necess	al Articles, enter o	hange(s) here:	
(anacn aaam	onai sneets, ij necess	асу). (ве ѕресі)і	<i>(</i>)	
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F.	provisions	for implementing th	e amendment if n	essification, or cancellation o	
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The date of each amendment(s) adoption:	5/25/201	10
•	(date of a	adoption is required)/	
Effective date if applicable:	(no more than 90 days after	r amandment file data)	10
	(no more man 90 days after	r umenameni jite aate)	
Adoption of Amendment(s)	(CHECK ONE	0.	
The amendment(s) was/were by the shareholders was/were		rs. The number of votes cast	for the amendment(s)
The amendment(s) was/were must be separately provided			
"The number of votes c	ast for the amendment(s) wa	as/were sufficient for approv	al
by	;	33 ,	
	(voting group)	 	
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.			
DatedSignature	5/75/	7010	
(By a selec		officer – if directors or officing the hands of a receiver, truitary)	
	Stevin	ed name of person signing)	IAN
,			
4	アバス	11/07	
•	(Title of person sign		