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13 SEP 20 AM 9: 14
SECRETARY OF STATE
AND SHEEL FLORIDA

C. LEWIS SEP 24 2013 EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HIS C	of Leesburg, Inc.				
DOCUMENT NUMBER: P0 5000					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Name of Contact Person				
Villages	5 Construction, Inc. Firm/Company				
1410 En	nerson St. Address				
Leesbo	urg, FL 34748 City State and Zip Code				
E-mail address: (to be used	Vedisian 6 amail, com d for future annual report notification)				
For further information concerning this matter, please	call:				
Jodi Avedisian Name of Contact Person	at (352) 314-3625 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 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				

Articles of Amendment to Articles of Incorporation of

FILED

HIS of Leeshura	13 SEP 20 AM 9: 15
(Name of Corporation as currently filed with	the Florida Dept. of State) SECRETARY OF AR
P05000163416	the Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corpora	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>on:</u>
Villages Construction	The new
name must be distinguishable and contain the word "corp	oration," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevious	" or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable:	same
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	20201 Grass Roots Rd
	20201 Grass Roots Rd Groveland, FL 34736
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac	
Name of New Registered Agent 5ame	
	rass Roots Rd.
(Flor	rida street address)
New Registered Office Address: 600	veland, Florida 34736 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the obligations of the position.
Signature of New Regis	tered Agent, if changing
Digitalian C of Men Meglo	

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	PT Johr	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X 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) X Change	P.VP	Joseph E. Ray	20201 Grass Roots Rd.
Add			Groveland, FL 34736
Remove			
2) Khange	T.5	Karen L. Rayl	20201 Grass Roots Rd
Add			Groveland, FL 34736
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damoua			

(A	amending or adding additional Articles, enter change(s) here: ttach additional sheets, if necessary). (Be specific)
<u>U</u>	A
	•
,	
If	an amendment provides for an exchange, reclassification, or cancellation of issued shares,
Ī	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
N	P
	•

The date of each amendment(s) ac	loption:		if other than the
date this document was signed.			George Road
Effective date if applicable:	(no more than 90 days after ame	13 SEP 20	AM 9: 15
	(no more than 90 days after ame	ndment file dase CRETARY	
		IALLAHASSEE	FI OPIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		долгод
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes fficient for approval.	s cast for the amendment(s)	
	roved by the shareholders through voting group each voting group entitled to vote separately o		
"The number of votes cast	for the amendment(s) was/were sufficient for a	pproval	
by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without sharehol	lder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder a	action and shareholder	
Dated9	17/2013		
at .			
Signature(By a d	ncetor, president or other officer if directors	or officers have not been	
selecte	d, by an incorporator - if in the hands of a recei		
appoin	od fiduciary by that fiduciary)		
	Joseph E Ray		
	Toseph E Ray (Typed or printed name of p	erson signing)	
	President V. (Title of person sign	Pres.	
	(Title of person sign	uing)	