# P06000012980

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And

R. WHITE NOV 0 5 2018

SECRETARY OF STATE TALLAHASSEE, FL

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: INNOVATIVE HO	OME IMPROV	/EMENT, IN	SC.
	BER: P06000012980		<del></del>	<del> </del>
	of Amendment and fee are su	bmitted for fil	ing.	
Please return all corre	spondence concerning this ma	tter to the follo	owing:	
	TEOFILO ALCANTARA			
		Name of C	ontact Person	1
	INNOVATIVE HOME IMPE	ROVEMENT,	INC.	
		Firm/	Company	<del></del>
	1909 BRUST AVE.			
		Αc	ldress	
	TAMPA, FL. 33612			
		City/ State	and Zip Cod	c
IHIM	IPROVEMENT@GMAIL.CO	)M		
,	E-mail address: (to be us		innual report	notification)
	,		•	·
For further information	n concerning this matter, pleas	se call:		
TEOFILO ALCANT.	ARA	at	<sub>(</sub> 813	) 541 3089
Name	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the	Florida Depa	artment of State;
□ \$35 Filing Fce	■\$43.75 Filing Fee & Certificate of Status	□S43.75 F Certified (Additional enclosed	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address		Street	Address
	endment Section			Iment Section
	ision of Corporations			on of Corporations
P.O. Box 6327				Building
Tall	lahassee, FL 32314		2661 E	xecutive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

## FILED

2018 OCT 29 PM 5: 56

INNOVATIVE HOME IMPROVEMENT INC	SECOPTACH OF ATATE
(Name of Corporation	as currently filed with the Florida Dept. of State of STATE
P06000012980	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ocration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	ESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining address MAT BL AT OST OFFICE BOX)	·
	<del></del>
	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
~	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent
	am familiar with and accept the obligations of the position.
Signati	ure 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)

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> <u>j</u>	John Doe	
X Remove	<u>y</u> <u>1</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DANILO HERNANDEZ	P O BOX 310293
Add			TAMPA, FL. 33680
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessa	VI. The shecings		
	i). (be specyle)		
•			
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	<u></u>		
		<del></del>	
			·
			<del></del>
f an amendment provides for an	xchange, reclassification, o	r cancellation of issued	shares,
provisions for implementing the	imendment if not contained	r cancellation of issued in the amendment itsel	shares, <u>:</u>
f an amendment provides for an provisions for implementing the (if not applicable, indicate N/.	imendment if not contained	r cancellation of issued in the amendment itsel	shares, <u>F:</u>
provisions for implementing the	imendment if not contained	r cancellation of issued in the amendment itsel	shares, <u>:</u>
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provisions for implementing the	imendment if not contained	or cancellation of issued in the amendment itsel	shares,
provisions for implementing the	imendment if not contained	or cancellation of issued lin the amendment itsel	shares,

	10/26/2018	
The date of each amendment(s) add	ption:	, if other than the
date this document was signed.	2010	
10/26 Effective date <u>if applicable</u> :	2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements artment of State's records.	, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the americient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
The amendment(s) was/were adoption was not required.	ted by the board of directors without shareholder action and sh	archolder
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareh	older
10/26/2018		
Dated	111	
7	1.11.10166	
Signature	pullette state of the state of	. 1
	ector, president or other officer – if directors or officers have n by an incorporator – if in the hands of a receiver, trustee, or of	
	d fiduciary by that fiduciary)	nor court
,	EOFILO ALCANTARA	
-	(Typed or printed name of person signing)	
ı	RESIDENT	
-	(Title of person signing)	