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AUG 2 2 2017 S. YOUNGDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	CENTER	
DOCUMENT NUMB	ER:P06000078872		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		VIN	CENT OGDEN
-		Name of Contact Perso	n
	The Home Center of South Florida		
		Firm/ Company 1546	NE 165 STREET
		Address	
			, FL 33126
		City/ State and Zip Cod	e
		T.GOI sed for future annual report	NDII.84@GMAIL.COM
For further information	concerning this matter, please VINCENT OGD		344-0222
Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State;
□X \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations of Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## THE HOME CENTER INC

( <u>rame or Corporation</u>	us contently ford while the riore	<u>da Dept. of State</u>	)
P0600	00078872		
(Documen	nt Number of Corporation (if know	m)	
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corpor	ration adopts the f	following amendmen
A. If amending name, enter the new name of the corp	oration:		
The Home Center of S	South Florida Inc.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"corporation," "company," or ' "Inc," or "Co". A professional	"incorporated" or	r the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRI		165 STREET	****
	NMB,-EL-3312	26	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1546 NE 1	65 STREET	7 SE 17
	NMB_EL_33	3126	AUG 15
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		the name of the	PH 4: 3
Name of New Registered Agent		/INCENT OGDE	- 1 (1 m-1
	22214 BELLA LA	SO DB	
<del></del>	(Florida street address)	<u> </u>	<del></del>
New Registered Office Address:	BOCA RATON	, Florida	333433

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: XChange	<u>PT</u> John	<u>ı Doe</u>		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	SV Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	NISSIM VAKNIN	7150 PEPPERTREE CR N	
Add			DAVIE, FL 33314	
X_Remove				
2) Change	<u></u>	KIMBERLY NISSIM	7150 PEPPERTREE CR N	
Add			DAVIE, FL 33314	
X Remove				
3 ) Change	<u>_P_</u>	VINCENT_OGDEN	22214 BELLA LAGO DR	
X Add			BOCA RATON, FL 33433	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	rticles, enter chang ). (Be specific)				
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<del></del>				<del></del>	
If an amendment provides for an ex	change, reclassific	ation, or cancellat	ion of issued sha	res,	
provisions for implementing the an	rendment if not co	ntained in the ame	ndment itself:		
(if not applicable, indicate N/A)					
					_
	-		4		
	-				

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted 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.	
Dated 08/07/2017	
Signature VNCENTOGDEN	
(By a director, president or other officer - if directors or officers have not been	<del></del>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
VINCENT OGDEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	