P07000017484

(Req	uestor's Name)	······································
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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C. LEWIS NOV 1 3 2013 EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Lake Point	Homes Inc	
DOCUMENT NUMBER: P0700001748	34	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Linda Lepore		
Caloosehatche T	Name of Contact Person	1
Calouseriatorie		
709 Cape Coral I	Firm/ Company	
703 Cape Corari		
	Address	
Cape Coral, Flori	ida 33914	
	City/ State and Zip Cod	e
linda.lepore@ctfs.us		
	sed for future annual report	notification)
<u></u> (,
For further information concerning this matter, plea	se call:	
Linda Lepore	at (239	540-2612
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 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	Amend Divisio Clifton	Address Iment Section on of Corporations Building yeartive Center Circle

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

13 NOV -8 PM 2: 32

SECRETARY OF STATE TALL AHASSEE, FLORIDA

Lake Point Homes Inc

(Name of Corporation as currently filed with the Florida Dept. of State) P07000017484 (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 of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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 Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	SV Sall	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PVST	Patricia Ellison	709 Cape Coral Pkwy W
Add			Cape Coral, FL 33914
Remove			
2) Change	PVT	Timothy St. Clair	709 Cape Coral Pkwy W
Add			Cape Coral, FL 33914
Remove			
3) Change	<u>s</u>	Ralf L Bzura	709 Cape Coral Pkwy W
Add			Cape Coral, FL 33914
Remove			
4) Change	D	Timothy St. Clair	709 Cape Coral Pkwy W
✓ Add			Cape Coral, FL 33914
Remove			
5) Change			
Add			<u>-</u>
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
If an amendment proyides for an exch proyisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

The date of each amendment(s) ad	loption:
date this document was signed.	TALL AHA
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast i	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated_Novemb	er 7th 2013
Signature	er 7th 2013 Vimothy St. Clair
(By a di selected	rector, president or other officer – if directors or officers have not been it, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Timothy St. Clair
•	(Typed or printed name of person signing)
	President
•	(Title of person signing)