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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: <u>Darren</u>	Frantz Hone K	Repairs, Inc
DOCUMENT NUMBER: W080000	52385	
The enclosed Articles of Amendment and fee are	e submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Darren Frank (Name of	Contact Person)	
Darren Frantz	Home Repairs	Tac.
1928 Dupont	Address)	
Deltona Fl 3 (City/Sta	te and Zip Code)	
For further information concerning this matter, p	lease call:	
(Name of Contact Person)	at (<u>407</u>) <u>407</u> (Area Code & Daytime T	Celephone Number)
Enclosed is a check for the following amount ma		
S\$35 Filing Fee	S43.75 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	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)
2008 DFC	•
2008 DEC - AMII:	5s
TALESTARY OF STATE	

Darren Frantz Home Repairs, Fnc (Name of Corporation as currently filed with the Florida Dept. of State	e)
w 0 80 00 052385	<u> </u>
(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:

nd contain the word "corporatio "Inc.," or Co.," or the designation on must contain the word "chart	on "Corp," "Inc," or
licable: T ADDRESS)	
CE BOX)	
egistered office address in Florida	, enter the name of th
(Florida street address)	
	e must contain the word "chart licable: T ADDRESS) CE BOX egistered office address in Florida stered office address:

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)

Τμ	<u>le</u> <u>Name</u>	Address	Type of Action
4	Darren Frantz	1928 Dupont Ct De Itona Fl 32005	Add Remove
		,	Add Remove
			Add Remove
	If amending or adding additional Articles, attach additional sheets, if necessary). (Be		
F.	If an amendment provides for an exchang provisions for implementing the amendment (if not applicable, indicate N/A)		
_			

The date of each amendment(s) adoption: 11-20.08	_
Effective date if applicable: //.20.08	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	emer
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature Dun 2000	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	
Torren Frontz (Typed or printed name of person signing)	
President Jowner (Title of person signing)	