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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	tion: Ron be	orge Improvame	entsallome inspection Corp
DOCUMENT NUMBE		00107427	
The enclosed Articles of	Amendment and fee are	e submitted for filing.	
Please return all correspo	ondence concerning this	matter to the following:	
<del> </del>	Ronald (Name of	Contact Person)	
bon be	orse inproven	nents and Home	inspections
	533 macking	Oird LW Address)	
***************************************	Longwood (City/ Sta	FL 32750 te and Zip Code)	
For further information c	oncerning this matter, p	lease call:	
Ronald (Name of Co	GEOCS C	at ( 407 ) 370 (Area Code & Daytim	e Telephone Number)
Enclosed is a check for the	ne following amount ma	nde payable to the Florida De	partment of State:
	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section of Corporation of	ion orations	Street Address Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301

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

KON GENRUR IMPROVEM	ENTS AND HIS	ME INSPECTION	US CURP	
(Name of Corporation as curre	ntly filed with the	Florida Dept. of Stat	<u>te</u> )	
P 0800	2010742	1		
(Document Num	ber of Corporation	(if known)	<del></del>	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		this Florida Profit	Corporation adop	pts the
A. If amending name, enter the new name of	the corporation;			
The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," o	or the designation "(	Corp," "Inc," or	•
B. Enter new principal office address, if appl	licable:		FS (	ے ت
(Principal office address MUST BE A STREE			Ŧ	₹ -
		<del> </del>	<u>S</u>	<u>-</u>
			jin <sub>G</sub>	
	****		100	َ ۾
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			A TE	យូ
D. If amending the registered agent and/or renew registered agent and/or the new registered agent:  Name of New Registered Agent:			r the name of th	<u>le</u>
11 n lom	(T)		-	
New Registered Office Address:	(Florida s	street address)		
-		····	, Florida	
	(0	City)	(Zip Code)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.		<u>t:</u> iliar with and accept	t the obligations	of the
Si	gnature of New Reg	ristered Agent, if chan	ging	

## 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)

	Name	Address	Type of Action
Tablic	Romald George	1533 Mackingbird LN Longwood Fl 32750	Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
<del></del>			Add Remove
***************************************			
		·	<del></del>
provisions	ndment provides for an exchange, rest for implementing the amendment in applicable, indicate N/A)		
provisions	s for implementing the amendment i		
provisions	s for implementing the amendment i		

The date of each amendment(s) ad	option:	115109
Effective date if applicable:		
(no r	nore than 90 days after amen	dment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf		e number of votes cast for the amendment(s)
		ough voting groups. The following statemen vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were	sufficient for approval
by		"
(votin	ng 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 with	nout shareholder action and shareholder
Dated	1/5/09.	
Signature	onall Glorge	
(By a dire selected, I	ctor, president or other office by an incorporator – if in the l	r – if directors or officers have not been nands of a receiver, trustee, or other court
	fiduciary by that fiduciary)	
	KONALD (	SEORGE
Andreada-Market	(Typed or printed nam	e of person signing)
	PRESIDENT	OWNER
<del></del>	(Title of person	signing)